

DISCLOSURE STATEMENT WITHDRAWAL

TO: Attorney

Name: _____

Address: _____

This is to notify you that I am exercising my right to withdraw from the agreement dated _____, and that I do not want you to represent me in my workers' compensation case.

Your Signature: _____ Date: _____

Address: _____

Translated from English into _____ by _____
Print Print

Translator's Signature _____ Date _____