STATE OF CALIFORNIA

**DEPARTMENT OF INDUSTRIAL RELATIONS**

DIVISION OF INDUSTRIAL ACCIDENTS

# WORKERS' COMPENSATION APPEALS BOARD

_____ *Applicant*

vs.

_____ *Defendants*

Case No.

**SUBSTITUTION OF ATTORNEYS**

_____ hereby substitutes and

appoints _____ as his attorney in the

above-entitled case, in the place of _____
who respectively consent hereto. A copy has been served on all parties or their attorneys where they have attorneys.

Dated _____ , _____

_____
( Client )

_____
( Former Attorney )

Copies Have Been Served On:
( Adverse Parties and Attorneys )

_____
Address and Telephone Number of Attorney

_____
( Present Attorney )

_____
Address and Telephone Number of Attorney