

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

CHECK ONE **NOTICE OF RETAINER AND APPEARANCE** **NOTICE OF RETAINER AND APPEARANCE - APPELLATE ATTORNEY**
 NOTICE OF SUBSTITUTION AND APPEARANCE (For substitutions, item C **MUST** also be completed.)

WCB Case No.	Social Security No.	Date of Injury/Illness, Paid Family Leave ("PFL") Start Date, or PFL Discrimination Complaint Date	Interpreter Required at Hearing <input type="checkbox"/>
			Specify Language
Name		Address	
Claimant			
Employer*			
Insurer			
Attorney or Representative			
Representative's ID No.	Telephone No. of Atty/Rep.	*If claim is made under the Volunteer Firefighters' Benefit Law or the Volunteer Ambulance Workers' Benefit Law, show as EMPLOYER the liable political subdivision and enter "X" in the appropriate box..... <input type="checkbox"/> VFBL <input type="checkbox"/> VAWBL	

A. CLAIMANT COMPLETE THIS SECTION

CHECK ONE:

Please take notice that I have retained the above-named firm/individual to represent me in all proceedings concerning my claim.

Please take notice that I have retained the above-named firm/individual to represent me in my appeal to the Supreme Court, Appellate Division, Third Department, or the Court of Appeals.

Please take notice that in place of _____ I have retained the above-named to represent and appear for me in all proceedings concerning my claim.

My claim is under the Workers' Compensation Law Volunteer Firefighter's Benefit Law Volunteer Ambulance Workers' Benefit Law
 Disability Benefits Law Section 120/241 WCL - Discharge or Discrimination Complaint Paid Family Leave Law

I hereby authorize the above-named attorney/representative to request and obtain copies of any necessary medical records connected with the Workers' Compensation Board (WCB) case indicated above. In addition, I consent to the transmittal of all medical reports in this case from my health provider(s) to my attorney/representative. I understand and agree that a licensed representative may appear on my behalf at the request of my attorney.

I have also attached a fully executed Form OC-110A (Claimant's Authorization to Disclose Workers' Compensation Records) authorizing the above-named attorney/representative to access the following workers' compensation case file(s) maintained by the NYS WCB (list by number):

Claimant's Signature _____
(Ink Only - Use Blue Ink If Possible) Electronic Signature Date _____

B. ATTORNEY/REPRESENTATIVE COMPLETE THIS SECTION

I agree to represent the above-named claimant in compliance with the aforementioned Law and Rules and Regulations promulgated thereunder and hereby notice my retention in the above case. It is understood that the only fees to be paid in this case are those fixed by the WC Law Judge, the Board, the Conciliator or designated employee of the Chair.

I am (CHECK ONE):

An Attorney at Law A Licensed Representative with Fee--License No. _____ A Licensed Representative without Fee--License No. _____

Signature of Attorney/Representative _____ Electronic Signature Date _____

ATTORNEY OR REPRESENTATIVE WHO IS TO APPEAR, IF OTHER THAN YOURSELF

Name _____ Address _____ Tel.No. _____

R No. _____ will appear in this case for: Next hearing only. Set period of time _____ to _____ Until further notice (Unless revoked). All notices, decisions and other documents should be sent to: both attorney/representative Firms just the attorney/representative I retained just the attorney/representative named in Part B. Fees, if any should be made payable to: the attorney/representative I retained the attorney/representative named in Part B both attorney/representative firms.

C. FOR SUBSTITUTION ONLY - ATTORNEY/REPRESENTATIVE COMPLETE THIS SECTION

A copy of this notice of substitution was served on the _____ day of _____, 20____, on _____

_____ Name of Former Attorney or Representative _____ Address _____

D. REQUEST AND NOTICE TO HEALTH PROVIDER

Pursuant to Section 13(f) of the Workers' Compensation Law, please transmit copies of all your medical reports to me as the claimant's representative.

Signature of Attorney or Representative appearing for claimant _____

Please Note: A photocopy of this notice shall be deemed as effective as an original.

E. CERTIFICATION OF TRANSMITTAL OF THIS NOTICE TO INSURANCE CARRIER/SELF-INSURED EMPLOYER/EMPLOYER

I hereby certify that a copy of this notice was transmitted to the insurance carrier, self-insured employer or employer named above as required by law (see instructions below).

_____ Signature of Attorney or Representative _____ Date _____

NOTICE TO ATTORNEY OR REPRESENTATIVE:

1. This form may be used by an **original, substituted or additional** attorney or representative. Check appropriate box on top of form.
2. Send a copy of this form to **all** of the claimant's health providers, if applicable.
3. A copy of this form **must** be sent to the workers' compensation insurance carrier, self-insured employer or employer (see section E above).

RULES AND PROCEDURE OF THE WORKERS' COMPENSATION BOARD
12NYCRR 300.17 Notices of Retainer, Appearance and Substitution,
and Fees of Claimant's Attorney or Licensed Representative

Section 300.17

In the representation of a claimant before the Board or a Workers' Compensation Law Judge in any case:

- (a) An attorney or licensed representative shall file a notice of retainer and appearance, and, when appropriate, a notice of substitution, in the format prescribed by the chair, immediately upon being retained. The attorney or licensed representative shall also transmit a copy of such notice to the insurance carrier, self-insured or other representative of the employer at the time of filing.
- (b) (1) An attorney or licensed representative, substituted for a former attorney or licensed representative, shall immediately upon being retained serve the former attorney or licensed representative with a copy of the notice of substitution.
(2) An attorney or licensed representative may withdraw from representation of a claimant when:
(i) a notice of substitution has been filed; or
(ii) a withdrawal of representation completed in the format prescribed by the Chair has been filed and approved by a Workers' Compensation Law Judge or conciliator. Failure to obtain the approval of a Workers' Compensation Law Judge or conciliator prior to ceasing representation of a claimant, when a notice of substitution has not been filed, will constitute the basis of a referral for a violation of 22 NYCRR, Part 1200.0, Rules of Professional Conduct, Rule 1.16 for an attorney, and may be the basis for license revocation of a licensed representative.
- (c) An attorney or licensed representative shall file an application in the format prescribed by the Chair in each instance where a fee is requested pursuant to sections 24 and 24-a of the Workers' Compensation Law, except that where the fee requested is not more than \$1000, the attorney or licensed representative may, in lieu of such written application, make an oral statement on the record setting forth the calculation used to determine the fee and certifying that the amount is in accordance with subparagraph (2) of Section 24 of the Workers' Compensation Law. Notwithstanding the foregoing, the Board may require an application in the format prescribed by the Chair for a fee of \$1000 or less. Any fee application shall be accurately completed.
- (d) Whenever a fee is requested in excess of \$1000 for services rendered in conciliation, administrative determination, agreement pursuant to section 32 of the Workers' Compensation Law, or conference calendar processing, the request is to be made in the format prescribed by the Chair in each instance where a fee is requested. Such fee request shall set forth the calculation used to determine the fee and certify that the amount is in accordance with subparagraph (2) of Section 24 of the Workers' Compensation Law. Fees awarded in conciliation, administrative determination, agreement pursuant to section 32 of the Workers' Compensation Law, or conference calendar processing, may be approved by a conciliator or designee of the chair.
- (e) Whenever an award is made to a claimant who is represented by an attorney or a licensed representative, and a written fee application is submitted, the Board in such case shall approve a fee in an amount commensurate with the services rendered and the amount of compensation awarded, having due regard for the financial status of the claimant. In approving such fee, the Board shall apply the provisions of the schedule set forth in subparagraph (2) of Section 24 of the Workers' Compensation Law.
- (f) Whenever an attorney or licensed representative is notified, by notice of substitution or otherwise, that the claimant has terminated his or her retainer, the attorney or licensed representative, in each instance where a fee is requested for services rendered for which no previous fee has been approved, shall file an application for such final fee in the format prescribed by the Chair, within 30 days of the filing of the notice of substitution. Where the fee requested is not more than \$1000, the attorney or licensed representative may make an oral statement on the record as to the services rendered at the first hearing held following notice to such attorney or licensed representative that the retainer has been terminated. The Board shall determine the amount of fees allocated to a prior attorney or licensed representative out of the total attorney's fees awarded. A substituted for attorney or licensed representative, and attorney or licensed representative currently retained by the claimant, shall each be given the opportunity to present the Board with their respective positions in writing prior to the allocation of the awarded attorney's fee.
- (g) The Chair may require that an attorney or licensed representative with access via the internet to his or her client's electronic case folder receive Board notices via an electronic mailbox.

It is unlawful to disclose individually identifiable information from Workers' Compensation Board records to any person who is not otherwise lawfully authorized to obtain these records. Any person who knowingly and willfully obtains workers' compensation records which contain individually identifiable information under false pretenses or otherwise violates Workers' Compensation Law Section 110-a shall be guilty of a Class A misdemeanor and shall be subject upon conviction to a fine of not more than one thousand dollars.

NYS Workers' Compensation Board, PO Box 5205, Binghamton, NY 13902-5205

Customer Service: (877) 632-4996