

Legal Representation Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Attorney's Full Name] of [Law Firm Name] to represent me in all matters relating to my worker's compensation claim with [Insurance Company/Employer Name].

This authorization grants [Attorney's Name] the authority to act on my behalf to gather information, complete forms, attend hearings, and make decisions pertaining to my claim.

My claim details are as follows:

- Claim Number: [Insert Claim Number]
- Date of Injury: [Insert Date of Injury]
- Employer Name: [Insert Employer Name]

Please direct all future correspondence regarding my claim to [Attorney's Name] at the following address:

[Law Firm Address]

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]