



Legal Representation Notification

Claims Administration
PO Box 44291
Olympia WA 98504-4921

Claim Number
Claimant Name

This form is to notify the Department of Labor & Industries (L&I) that the indicated legal representative will represent the claimant in connection with the above industrial insurance claim(s).

Representation

Name of Legal Representative		
Firm Name		
Address		
City	State	Zip Code
Telephone Number Including Area Code		
Effective Date for Legal Representation		

By signing below, the signers attest that the legal representative represents the claimant in connection with the above industrial insurance claim(s) and agrees that all written communications regarding that matter should be directed to the representative in English until further notice.

Claimant's Signature	Date
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Representative's Signature	Date
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Send completed form by mail to:

Department of Labor and Industries
Claims Administration
PO Box 44291
Olympia WA 98504-4291

Or fax to any of the following numbers:

360-902-4565
360-902-4566
360-902-4567

Questions? Call 1-800-LISTENS or your claim manager.