

UTAH LABOR COMMISSION

Division of Adjudication

160 East 300 South, 3rd Floor

P O Box 146615

Salt Lake City, UT 84114-6615

casefiling@utah.gov

sgcasefiling@utah.gov

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Petitioner

*

APPOINTMENT OF COUNSEL

v.

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*

Date of Occupational Injury/Illness

*

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Respondent (Employer)

*

*

Petitioner hereby appoints the undersigned as my attorney to represent me in my industrial claim, effective immediately.

Date _____

Date _____

Print Name of Attorney Bar Number

Printed Name of Petitioner

Signature of Attorney

Signature of Petitioner

Street Address of Attorney

Street Address of Petitioner

City/State/ Zip

City/State/Zip

Attorney's Telephone Number

Petitioner's Telephone Number

Attorney's E-Mail Address

Petitioner's E-Mail Address

UNSIGNED OR INCOMPLETE FORMS WILL BE RETURNED.