



MOTION TO WITHDRAW APPEARANCE

INSTRUCTIONS: This form (C-27) should only be used if your client does not have another attorney of record, or the claim has not been settled with no possibility of future medical benefits. **Please attach all required documentation. Enter upcoming Hearing Date, if applicable.**

WCC Claim No.: _____ **Date of Accident:** _____ **Hearing Date:** _____

Claimant: _____

Insurer/Self-Insurer: _____

Employer: _____

Healthcare Provider: _____

In accordance with COMAR 14.09.04.01E(2), the undersigned counsel moves to withdraw their appearance on behalf of _____ for the following reasons:

Note: If this motion is filed less than 10 business days prior to a hearing, please also explain why withdrawal of representation will not cause undue delay, prejudice, or injustice.

I HEREBY CERTIFY that

the client has consented to the withdrawal and a copy of the signed, written consent is attached; or

that notice has been mailed to the client on _____ which is at least 5 business days prior to the filing of this motion, informing the client of the attorney's intention to move for withdrawal and advising the client to have another attorney enter an appearance or to notify the Commission in writing or through CompHub of the client's intention to proceed in proper person.

ATTORNEY INFORMATION:

Name of Counsel: _____ WCC Attorney Registration No: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

I understand that the Commission may deny the motion if withdrawal of the appearance would cause undue delay, prejudice, or injustice.

Signature

I HEREBY CERTIFY that on this _____ day of _____, _____ service of the foregoing was made to all parties entitled to service in accordance with COMAR 14.09.01.03.

Signature

CLICK HERE TO CLEAR THE FORM