

**SUBSTITUTION OF ATTORNEY**

Claim Petition No.(s): \_\_\_\_\_

Vicinage: \_\_\_\_\_

Submitted by: Attorney \_\_\_\_\_

Attorney For: \_\_\_\_\_

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The undersigned hereby consents to the substitution of

\_\_\_\_\_ as attorney for \_\_\_\_\_

in the above entitled matter.

Dated:

\_\_\_\_\_  
*Signature*  
*Withdrawing Attorney*

\_\_\_\_\_  
*Signature*  
*Superseding Attorney*

Withdrawing Attorney

Firm Name:

Superseding Attorney

Firm Name:

Address:

Telephone No.:

Frequent Filer Code:  
(If Available)

(Please provide one of the following)

- Federal Employer I.D. No.
- N.J. Employer Reg. No.
- S.S. No.

The Privacy Act, 5 U.S.C. § 552a, the Social Security Act, 42 U.S.C. § 405, and *N.J.S.A. 34:15-1 et seq.* authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.