

FORM NO-01

Notice by Employee to Dismiss or Withdrawal Filed Claim

Instructions: A claimant (employee) may dismiss or withdrawal and closed his or her filed claim before the Commission at any time during deliberations regardless of reason. To officially dismiss or revoke and close a filed claim, the claimant must complete and file this notification form directly with the Commission's Office.

1. Name of Employee (First, Middle, Last):	2. Name of Petitioner (if not Employee):	3. Date Claim Filed:	4. WCC Case No.:										
5. Name of employer:		6. Employer's WC Insurance Carrier:											
7. Indicate primary reason(s) to dismiss or revoke and close claim before the Commission:													
8. Authorization: <i>As the Employee (Claimant), or Petitioner or Attorney representing on behalf of the Claimant, aforementioned herein, I hereby verify the submission of this official notice before the Commissioner to officially dismiss or revoke and close my claim as filed before the Commission. With the issuance of this notice, I fully authorize the Commissioner to stop and end all further deliberation proceedings concerning the filed claim. I also agree and acknowledge that all past, present, and future claims for workmen's compensation benefits against the employer for the injury as filed shall be denied and forfeited whereby the employer is hereby fully released of its liability against the filed claim.</i> <table border="0" style="width: 100%;"><tr><td style="width: 50%; text-align: center;">_____</td><td style="width: 50%; text-align: center;">_____</td></tr><tr><td style="text-align: center;">Signature of Employee / Petitioner</td><td style="text-align: center;">Date</td></tr><tr><td colspan="2" style="text-align: center;"><i>or</i></td></tr><tr><td style="width: 50%; text-align: center;">_____</td><td style="width: 50%; text-align: center;">_____</td></tr><tr><td style="text-align: center;">Signature of Petitioner / Attorney Representing the Claimant</td><td style="text-align: center;">Date</td></tr></table>				_____	_____	Signature of Employee / Petitioner	Date	<i>or</i>		_____	_____	Signature of Petitioner / Attorney Representing the Claimant	Date
_____	_____												
Signature of Employee / Petitioner	Date												
<i>or</i>													
_____	_____												
Signature of Petitioner / Attorney Representing the Claimant	Date												

FORM DISTRIBUTION:

Original - Commission | Copy - Employee | Copy - Employer | Copy - Carrier