



INTEGRATED CLAIMS MANAGEMENT SYSTEM (ICMS)

How Do I File A WC-102B Notice of Representation or A WC-102C Attorney Leave of Absence?



State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, GA 30303-1299
<http://sbwc.georgia.gov>

404-656-3818

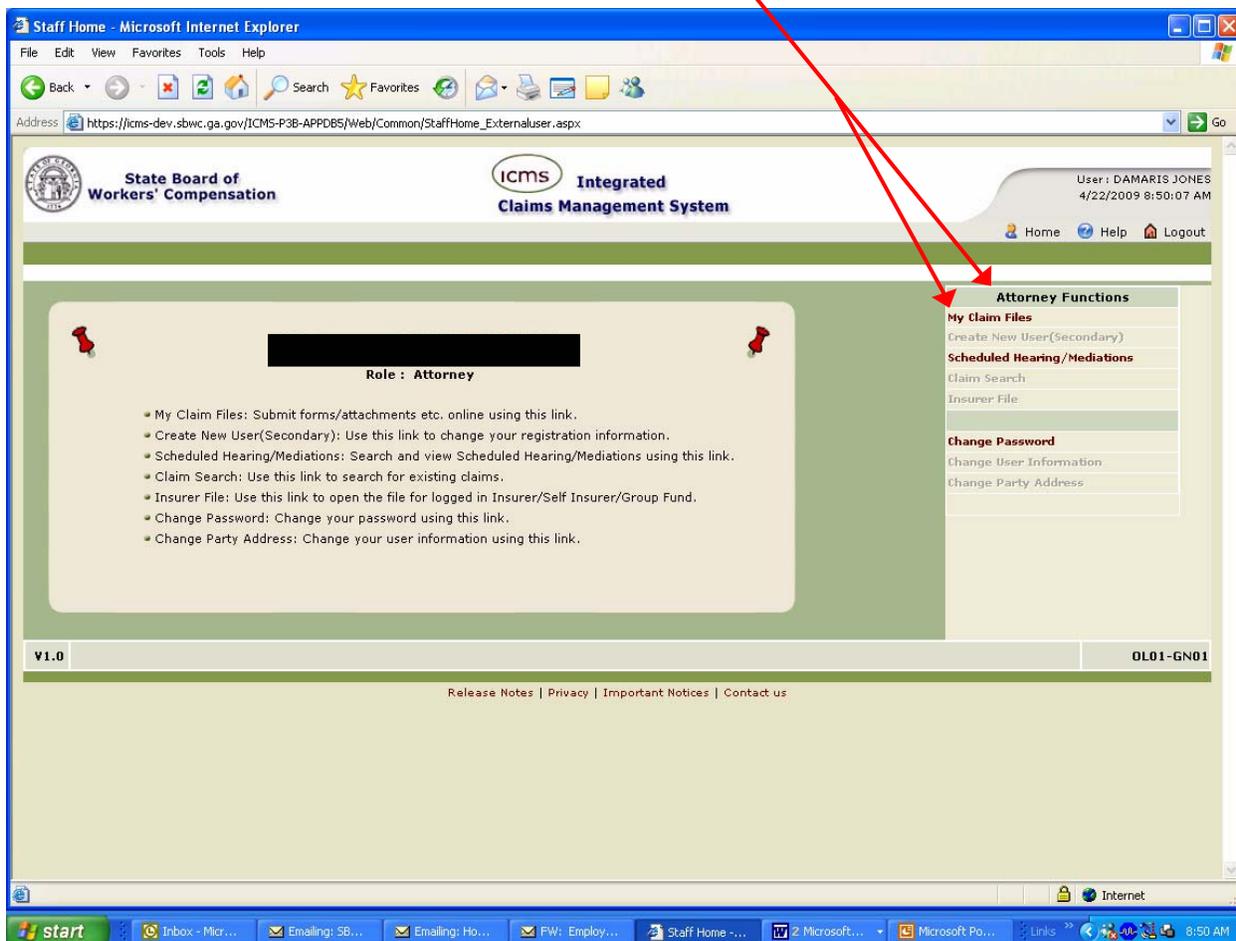
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Attorney Documents

The following steps may be used to complete forms WC-102B, *Notice of Representation*, and/or a WC-102C, *Attorney Leave of Absence*:

1. Under **Attorney Functions** select **My Claim Files** on the home page

Step 1



ATTORNEY DOCUMENTS

2. Click **Attorney Documents** tab
3. Select **New Forms** tab
4. Select appropriate form

New Attorney Document - Microsoft Internet Explorer

Address: https://icms-dev.sbwc.ga.gov/ICMS-P3B-APPDB5/Web/WebSubmission/ClaimRelated/AttorneyDocuments/New_Attorney_Form_Submission.aspx

State Board of Workers' Compensation

ICMS Integrated Claims Management System

Home Help Logout

New Attorney Document

Existing Filed Claims Submit New Claim Submit Non Claim Documents **Attorney Documents** Pending Forms

Existing Forms **New Forms** Attachments

#	Form #	Form Name
1	WC-102B	WC-102B Notice of Representation
2	WC-102C	WC-102C Attorney Leave of Absence

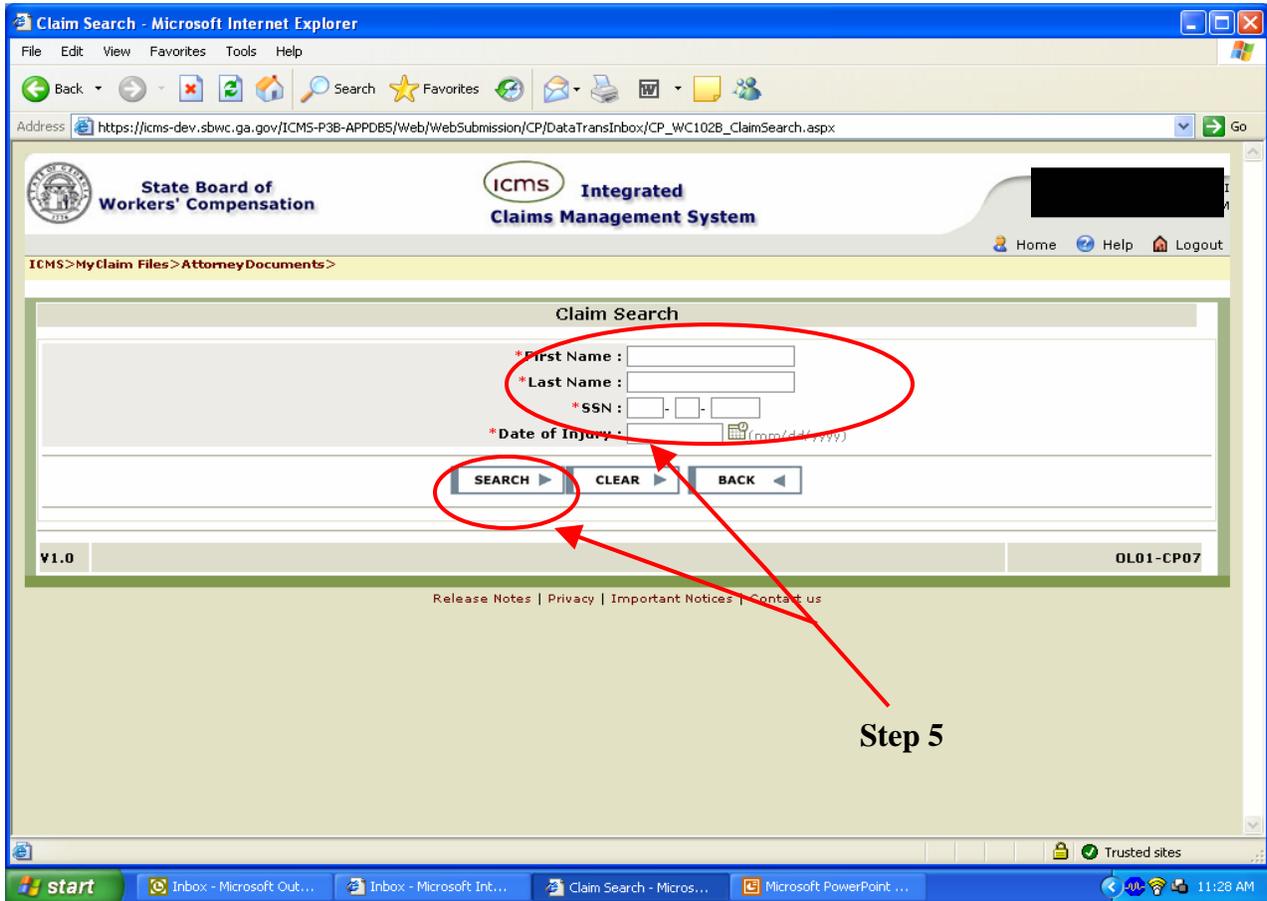
V1.0 OL01-CP20

Release Notes | Privacy | Important Notices | Contact us

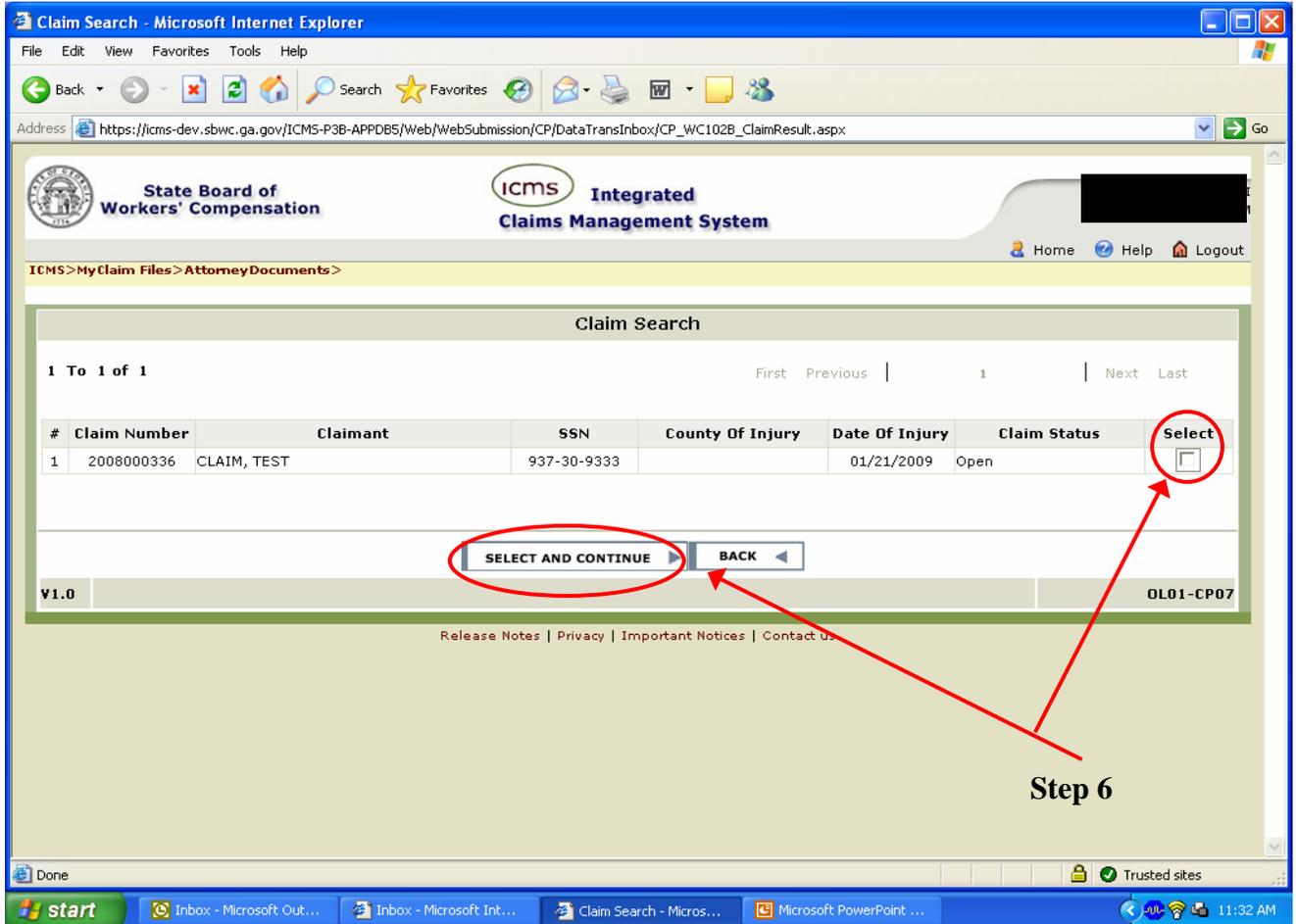
start | Inboxes | New Attorney Document | Microsoft PowerPoint | 11:25 AM

Complete these steps for a WC-102B:

5. Fill in mandatory fields, such as first and last name, SSN, DOI and then select Search.

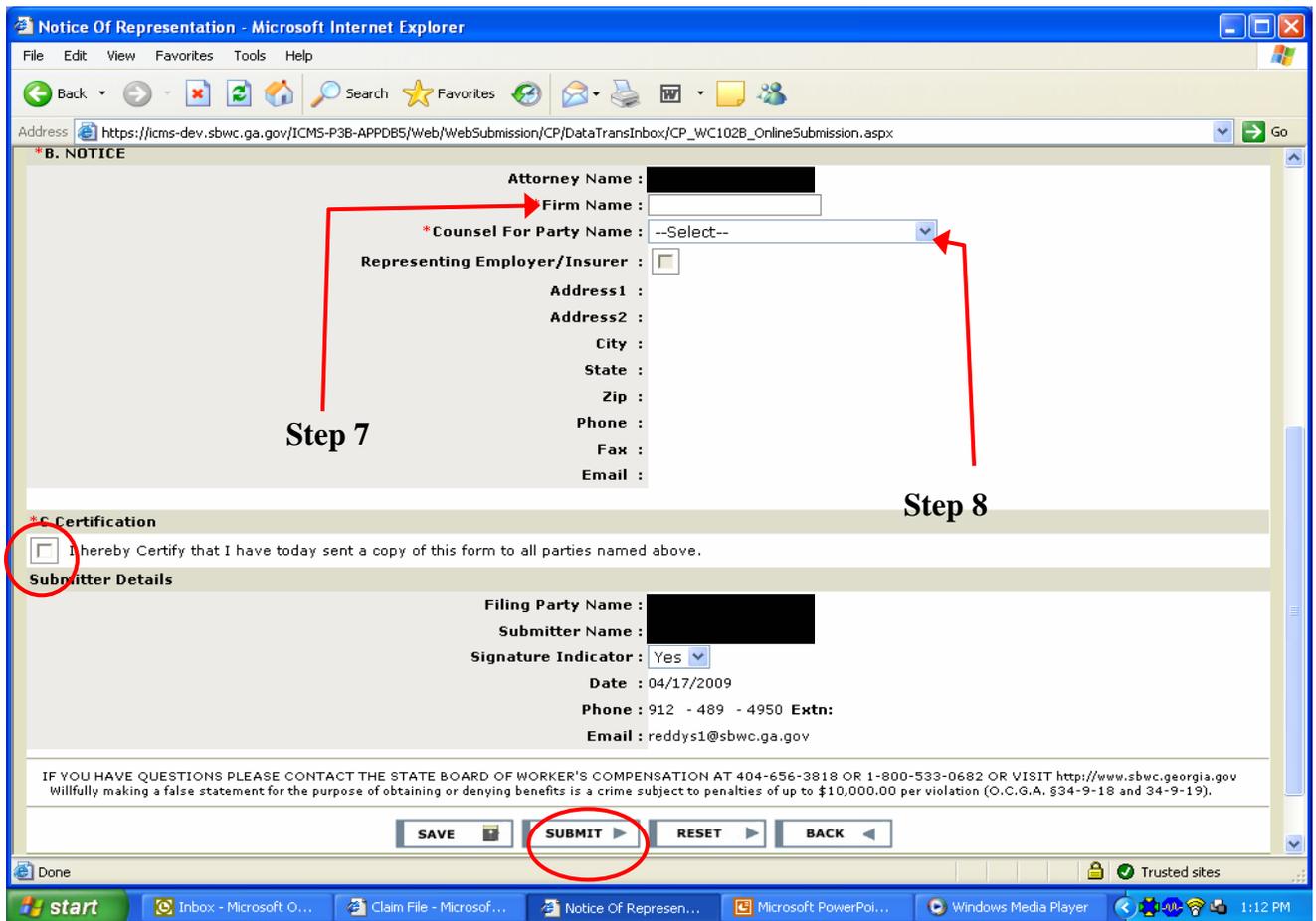


6. Select the check box for the appropriate claim and click **Select and Continue**



7. Enter **Firm name**.
8. Select from Counsel for Party Name drop down box and select the appropriate party you will be representing. If you represent both employer and insurer select the check box for Representing Employer/Insurer. However, if you represent only one party employer or insurer/claims office **DO NOT** check the box for Representing Employer/Insurer.

Click certification check box and **Submit** then you will be shown as a party to the claim.



B. NOTICE

Attorney Name : [REDACTED]
 Firm Name : [REDACTED]
 * Counsel For Party Name : --Select--
 Representing Employer/Insurer :
 Address1 :
 Address2 :
 City :
 State :
 Zip :
 Phone :
 Fax :
 Email :

Step 7 (points to Firm Name)
Step 8 (points to Counsel For Party Name)

C Certification
 I hereby Certify that I have today sent a copy of this form to all parties named above.

Submitter Details

Filing Party Name : [REDACTED]
 Submitter Name : [REDACTED]
 Signature Indicator : Yes
 Date : 04/17/2009
 Phone : 912 - 489 - 4950 Extn:
 Email : reddys1@sbwc.ga.gov

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKER'S COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>
 Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and 34-9-19).

SAVE SUBMIT RESET BACK

To file a form WC-102C, complete the following steps:

- Click **Attorney Documents** tab
- Select **WC-102C** link
- Your information will auto-populate based on what's on file
- Enter **from and to dates**, then **Add** and click **Save**
- After each entry, continue these same steps until all dates are entered
- Review requested leave details prior to submitting, if there are any days that need to be removed you will have the option to delete and re-enter
- Click **Submit**

