

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## ATTORNEY CERTIFICATION FOR NO LIABILITY STIPULATIONS

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking#	Date of Injury
-----------------	--------------------	---------------------	------	------------------------	----------------

As counsel of record for the employee in the above referenced claim(s), I, \_\_\_\_\_, hereby certify and affirm my claim for reimbursable expenses is in compliance with and permitted by Rule 1.8(e) of the Georgia Rules of Professional Conduct, Board Rule 108 and Board Rule 15 and that I am charging a fair and reasonable fee to my client which does not exceed 25% as allowed by O.C.G.A. §34-9-108 and Board Rule 108 as they apply to the alleged accident date(s) of :

This \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_ .  
(Day) (Month) (Year)

Print Name	Address	
Signature		
Telephone Number	City	
GA Bar Number	State	Zip Code

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.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).