MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
P.O. Box 58

Jefferson City, MO 65102-0058

ENTRY OF APPEARANCE



Third Party Administrator

## ENTRY OF APPEARANCE

On behalf of the $\quad \square$ Employee $\quad \square$ Employer/Insurer $\quad \square$ Third Party Administrator
This firm has been retained to represent the indicated client in the above captioned matter. Please enter the name of this firm as attorneys of record for the above, and keep us advised of any and all settings and proceedings which may be held in connection with this case.

Respectfully submitted,
Signature $\qquad$
Attorney Name $\qquad$
Law Firm $\qquad$
Address $\qquad$
City, State, ZIP $\qquad$
Phone No. $\qquad$
Fax No. $\qquad$
Bar No. $\qquad$
Email Address $\qquad$

| CERTIFICATE OF SERVICE | DIVISION USE ONLY |  |
| :---: | :---: | :---: |
| I certify that a copy of this Entry of Appearance was mailed or hand delivered to all parties of record, or if represented by an attorney, to their attorneys of record this day of $\qquad$ , 20 . $\qquad$ |  |  |
| Attorney's Signature __ Bar No. |  |  |
| Attorney's Name (Printed) _ Date |  |  |
| Address (if different than above) <br> DATE STAMP |  |  |
|  |  |  |

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