

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
ATTORNEY CERTIFICATION FOR NO LIABILITY STIPULATIONS**

THIS FORM MUST BE COMPLETED BY COUNSEL FOR THE EMPLOYEE AND SUBMITTED
WITH ALL NO LIABILITY STIPULATED SETTLEMENTS

ATTORNEY FEE CERTIFICATION

Employee Name _____ Claim No. _____
Employer/Insurer _____ Date(s) of Injury _____

As counsel of record for the employee in the above referenced claim(s), I, _____,
hereby certify and affirm 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 _____ 200__.

Print Name

Address

Telephone Number

Signature

Ga. State Bar Number

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).