

**ILLINOIS WORKERS' COMPENSATION COMMISSION
MOTION TO WITHDRAW AS ATTORNEY OF RECORD**

Case # _____ WC _____

Employee/Petitioner

v.

Employer/Respondent

I, _____, attorney for the petitioner _____ respondent _____, request permission to withdraw as the attorney of record on this case for the following reason:

Signature of attorney

Name of attorney and IC code number (please print)

Date