

**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