TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
800-252-7031 | F: 512-804-4378 | TDI.texas.gov | @TexasTDI

NOTICE OF REPRESENTATION

I. GENERAL INFORMATION

1. Injured Employee's Name (Last, First, MI)		
2. Injured Employee's Address (Street or PO Box, City, State, ZIP)		
3. Injured Employee's Phone Number	**4. Date of Injury** (mm/dd/yyyy)	**5. DWC Claim Number**
6. Beneficiary's Name* (Last, First, MI)		
7. Beneficiary's Address* (Street or PO Box, City, State, ZIP)		
8. Beneficiary's Phone Number*	**9. Beneficiary's SSN***	**10. Beneficiary Type***
11. Insurance Carrier's Name		

*Beneficiary information only required when representing an individual in a death benefits claim.

II. REPRESENTATIVE INFORMATION

12. Representing: ☐ Employee ☐ Beneficiary ☐ Insurance Carrier ☐ Other		
13. Name (Last, First, MI)		**14. Firm Name** (if applicable)
15. Address (Street or PO Box, City, State, ZIP)		**16. Attorney's Bar Card Number**
17. Phone Number	**18. Fax Number**	**19. Email Address (optional)**

III. NOTICE OF REPRESENTATION

20. I represent the interests of the party indicated in Box 12. Please check the appropriate box (optional):

☐ My representation began on: _____. I am not aware of any other person or attorney representing this party at this time.

☐ My representation began on: _____. I am aware that _____ was previously representing this party.

NOTE: Under Labor Code §401.011 a representative is a person, including an attorney, authorized by the division to assist or represent a claimant or carrier. Under 28 Texas Administrative Code (TAC) §150.3(a), a non-attorney representative **may not** receive a fee or remuneration either directly or indirectly from the claimant.

21. Claimant's Signature (optional)	**Date Signed**	For TDI Use Only
22. Representative's Signature	**Date Signed**	

Frequently Asked Questions
Notice of Representation (DWC Form-150)

When is notification of representation required?
A claimant's attorney must notify the division in writing within 10 days of undertaking the representation.

Who is required to notify the division of representation?
A claimant's attorney must submit a notice of representation to the division that identifies the attorney, the claimant, and the injured employee (if different than the claimant).

Note: Other representatives, such as non-attorney representatives under §150.3 or insurance carrier representatives, are not required to notify the division; however, they may use the DWC Form-150 to submit notice of representation.

Is the DWC-150 a required form?
The DWC-150 is not a required form. It is provided as an option for claimant attorneys to provide notice of representation to the division. However, a claimant attorney may provide notice of representation in any manner that qualifies under §150.2(b) and §152.2(a).

How do I file notice of representation?
Attorneys may submit the DWC Form-150, or other notice of representation, to the division by:

- mailing the form to the address at the top of the form;
- faxing the form to 512-804-4378; or
- personally delivering the form to the division field office handling the claim or the central office of the division.

Where can I find more information on the notice of representation requirements?
More information is available in:

- 28 TAC §150.2(b), regarding qualification and authorization of attorney to practice before the commission; and
- 28 TAC §152.2(a), regarding attorney fees: representation of claimants.

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; get and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the Corrections Procedure section at www.tdi.texas.gov.