



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: <input type="checkbox"/> Employee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> 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):		
<input type="checkbox"/> My representation began on: _____. I am not aware of any other person or attorney representing this party at this time.		
<input type="checkbox"/> 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.