

**BOARD OF REVIEW  
ATTORNEY'S AUTHORIZATION**

I hereby authorize and designate \_\_\_\_\_, Esq., to appear for me and to represent me before an Appeal Tribunal and/or the Board of Review. I understand that it is my responsibility to pay to my attorney any and all fees approved by the Board of Review.

**IN THE MATTER:**

\_\_\_\_\_  
Claimant's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Docket #

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Claimant's Signature

I hereby consent to represent this claimant before an Appeal Tribunal and/or the Board of Review and, in accordance with R.S. 43:21-15(b), N.J.A.C. 1:12-5.1(b) and (c), shall not charge or receive for such services more than an amount approved by the Board of Review. I am a member in good standing of the New Jersey Bar.

I request approval to charge a fee of \$ \_\_\_\_\_.  
(SEE REVERSE SIDE FOR ITEMIZATION OF SERVICES RENDERED)

\_\_\_\_\_  
*ATTORNEY'S SIGNATURE*

In determining the amount of fee counsel can charge the client, the Board of Review will take the following matters into consideration:

1. The amount of time spent on the case.
2. The complexity of the case.
3. The services performed.
4. The results achieved (i.e. favorable or unfavorable).

**PLEASE RETURN THIS FORM ALONG WITH A COPY OF THE MOST RECENT APPEAL TRIBUNAL OR BOARD OF REVIEW DECISION TO:**

STATE OF NEW JERSEY  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
BOARD OF REVIEW  
PO BOX 937  
TRENTON, NEW JERSEY 08625-0937

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

