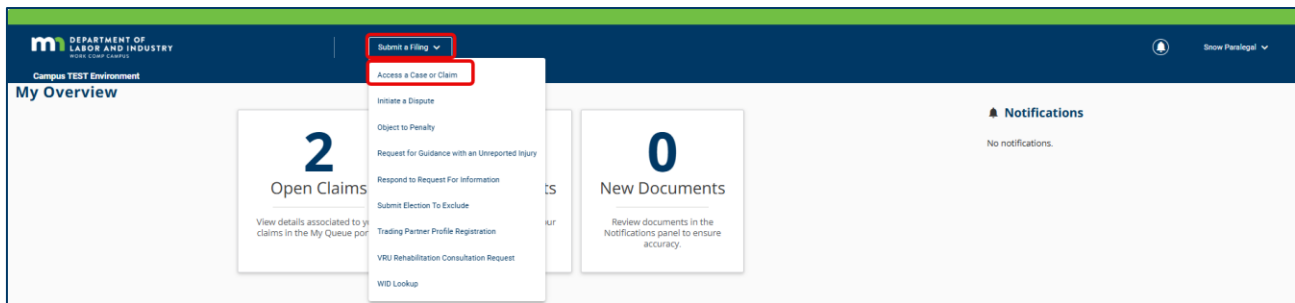


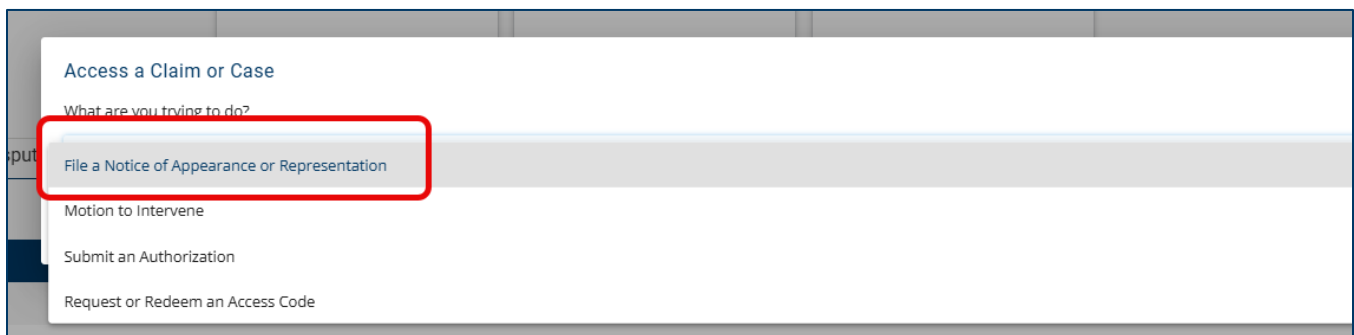
Filing a Notice of Appearance or Representation

A “Notice of Appearance” can be filed by a paralegal or legal assistant to another legal professional who is related to at least one attorney in your law firm.

- Once logged in select “Submit a Filing” and “Access a Case or Claim”.



- Select “File a Notice of Appearance or Representation” from the list and click “Next.”



- Select “Locate a Claim” and enter the data in one of three ways to request a specific claim.
Note: If you are unsure of the WID number, you can find [instructions for finding the WID](#) on the DLI website.

Notice of Appearance or Representation

1 Locate a Claim 2 Representation on a Claim or on a Case Under a Claim 3 Enter Appearance 4 Serve Parties

☒ Locate a Claim ☐ Locate a Claim Shell

one of the following sets of information. All of the information within a grouping must be completed in order to locate a claim. If you would like assistance, please contact the Minnesota Workers' Compensation Hotline at 651.284.5005, option 3 or email us at helpdesk.dli@state.mn.us.

WID WID Employee Date Of Injury Employee Date Of Injury	OR	Campus File Number CL Employee Last Name Johnson	OR	Employee Last 4 SSN Employee Last 4 SSN Employee Date Of Injury Employee Date Of Injury Employee Last Name Employee Last Name
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Next Cancel

- Select representation type. Will you represent a party on the full “Claim”, or on a “Case” under the claim?

Notice of Appearance or Representation

1

Locate a Claim

2

Representation on a Claim or on a Case Under a Claim

Representation on a Claim or on a Case Under a Claim

Choose whether you will be representing your party on an entire Workers' Compensation Claim (leading to access to all information contained in the Division File), or only on a single case (limiting your access within the jurisdiction of CAH; you must file a notice with CAH).

Will you represent a party on the full claim, or on a Case under the Claim?

☒ Claim
 ☐ Case

Next

Back

Cancel

Save as Draft

- Enter "Representation" and "Verification" information. These prompts will be different depending on the type of representation.

1

Locate a Claim

2

Representation on a Claim or on a Case Under a Claim

3

Enter Appearance

Great! We recognize that claim. Please complete each section below to complete your Entry of Appearance.

Representation

Which Attorney are you filing on behalf of? *

Mountain Attorney

Who do you represent?

☐ Employee
 ☐ Employer
 ☒ Insurer
 ☐ Other

What party do you represent?

☒ UPNORTHINSURANCE

This party already has representation. Are you substituting existing counsel?

☐ Yes ☒ No

Are there limitations regarding your representation? *

None

Verification

☒ The attorney named above hereby enters their appearance as the attorney of record for UPNORTHINSURANCE in the above-captioned workers' compensation claim. All correspondence, pleadings, notices, orders and other documents should be directed to their attention.

Attorney Information

Attorney Name

Mountain Attorney

Select an address from the list below. This address will be used if you receive service by mail for this Claim and Case(s) (if applicable) only and will not update the address on your profile. If you do not see the address listed below, contact your group administrator to get it set up or update the address on your profile.

Address *

443 MountainBLVD Saint Paul, Minnesota 55155

Phone Number

6515555555

Email Address

ctesting719+mountain@gmail.com

Attorney ID *

8469719

- Select parties to receive the “Affidavit of Service.”
 - The parties with an “Electronic” Service Method will be served when the “Submit Form” button is clicked. Parties with a “US Mail” Service Method need to have documents printed and mailed through the US Postal Service.

Affidavit of Service
Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

[+ Add Service Recipient](#)

Serve Party	Name	Role	Address	Service Method	Service Date
☒	worker One	Employee	clisting719@workerone@gmail.com	Electronic	3/13/2024
☒	Marc Test Employer	Employer	test Young America, MN 55555	US Mail	Choose a date * 3/12/2024
☒	AAA Really Big Insurers	Insurer	123 Timberwolves St Saint Paul, MN 55101	US Mail	Choose a date * 3/12/2024
☐	Viclie Insurer	Service of Process Designee for AAA Really Big Insurers		Electronic	3/12/2024
☐	Brian Beancounter	Service of Process Designee for AAA Really Big Insurers		Electronic	3/12/2024
☐	Gen IR2	Service of Process Designee for AAA Really Big Insurers		Electronic	3/12/2024
☐	Test Account	Service of Process Designee for AAA Really Big Insurers		Electronic	3/12/2024
☐	Test Account	Service of Process Designee for AAA Really Big Insurers		Electronic	3/12/2024
☐	Achie Snyem IR1	Service of Process Designee for AAA Really Big Insurers		Electronic	3/12/2024
☐	Cheryl George	Service of Process Designee for AAA Really Big Insurers		Electronic	3/12/2024

- Complete the “Affidavit of Service” form with the “Declaration” and “Electronic Signature.”
Note: The signature must match the signatory exactly.

Declaration

☒ I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee.

Full Name of Signatory *

Snow Paralegal

☒ I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

[Submit Form](#) [Back](#) [Cancel](#) [Preview Document](#)

- Click “Submit Form” to complete the request and view the submission confirmation page.



Notice of Appearance or Representation Successfully Submitted!

Confirmation Number: 17053

Associated ID: [CL-02-5495-759](#)

Click the link to view your new document:
[DO-02-6297-976](#)

A confirmation email has been sent to @gmail.com for your records. You may view your forms in [My Form History](#).

An [informational video on the Affidavit of Service process](#) is available on the DLI website.