TOMCZAK, Carl

CM3-2022-07388 P (L Shldr, Upper Arm, Arm)

SS# XXX-X4-6326 City Council Date 2/27/24 Atty: Jeffrey Cooper

Trial Date: NA Order Date: N/A DOH: 1/2/15 Separation: NA

RTW: MMI: 9/11/23

Permanent Partial Disability Settlement

Attorney Fees (20% of PPD)

Net to Claimant

Total PPD Settlement

Multiple Injury Trust Fund (3% of PPD-After 7/1/19)

Net to Attorney & Claimant (Less MITF)

City's Settlement Costs (953-092)

Workers Comp. Admn. Fund (2% of PPD)
Occupational & Health Trust Fund (0.75%)
Filing Fee - Workers Compensation Commission

Filing Fee - Cleveland County District Court

Total Settlement Cost (PPD, TTD, Costs)

Settlement forms:

IF Compromise Settlement Affidavit of Foreign Judgment Assignment of Judgment Checks with case name on them

Certificate of Mailing

File Closing procedure

Send Tax Roll Memo to Finance (1st) w/Agenda Approval

Send in Taxes to Tax Commission

Send filing fee to Comp Court

Mail Certified Copy of JP or CS - Maill to all providers

File Affidavit & Assigment in District Court

Send Tax Roll Memo to Finance (1nd) w/Aff & Assignment

Final Letter to Attorney (Sending Aff/Assignment)

Log onto Legal's tracking spreadsheet (Legal/WC/Audits)

Index in file list & place in storage

Send Closing Letter to Claimant's Attorney

Date of Injury: 7/18/21 (SI)

PPD Wage: \$360

Memo

Resolution R-2324-118 Purchase Requistions

\$25,920.00 20% L Shoulder (Whole Body)

\$0.00 L. Upper Arm

\$0.00 L Arm

\$25,920.00

\$ (5,184.00)

(\$20,736.00)

\$25,920.00

(\$777.60) 43330102-42134

25,142.40 43330102-42131

Vendor

\$ 518.40 2267 43330102-42133 \$ 194.40 1950 43330102-42135 \$ 140.00 12122 43330102-44704 \$ 852.80

434

43330102-44703

154.14 \$1,006.94

\$

\$26,926.94

Copies Filed in WCC Filed in Dist.Ct.

11 x 4 x 4 x

1

Completion

. Date