

BASKEYFIELD, Henry L. (DEBORAH BASKEYFIELD)

CM-2020-03971 A (Low Back)

SS# XXX-80-8497

City Council Date 11/9/2021

Atty: Joseph C. Biscone II

Trial Date: N/A Order Date: N/A

DOH: 7/27/1977 Separation (if applicable): 1/19/2021

RTW: 2/12/2020 MMI: 2/12/2020

Claimant Address: 12500 Buckskin Pass, Norman 73026

Date of Injury: 12/17/2019 (SI)

PPD Wage: \$350

Memo

Resolution R-2122-56

Purchase Requisitions

Permanent Partial Disability Settlement

Attorney Fees (20% of PPD)

Multiple Injury Trust Fund Tax (3% of PPD)

Net to Claimant

\$12,600.00 (10% PPD-Whole Body (Low Back))		
\$ (2,520.00)		
<u>\$ (378.00)</u>	11739	43330102-42134
\$9,702.00		

Attorney & Claimant**Multiple Injury Trust Fund (3% of PPD)****Net to Attorney & Claimant**

\$12,600.00		
\$ (378.00)		
<u>\$12,222.00</u>		43330102-42131

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

	Vendor	
\$ 252.00	2267	43330102-42133
\$ 94.50	1950	43330102-42135
<u>\$ 140.00</u>	12122	43330102-44704
\$ 486.50		
<u>\$ 154.14</u>	434	43330102-44703
\$ 640.64		

Total Settlement Cost

\$13,240.64

Settlement forms:

IF Compromise Settlement

Affidavit of Foreign Judgment

Assignment of Judgment

Checks with case name on them

Certificate of Mailing

<u>Copies</u>	Filed in WCC	Filed in Dist.Ct.
11	x	
4		x
4		x
1		
3	x	

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 - Mail to all providers

File Affidavit & Assignment 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

Completion
<u>Date</u>