HIETT, Darin

CM-2022-01014Q (Neck, R Shldr., R. Hand)

SS# XXX-X6-9918 City Council Date4/25/23 Atty:Michael C. Bell

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

DOH:3/11/13 Separation (if applicable):NA

RTW: NA MMI: 6/7/22 (Dr. Padilla) & 10/6/22 (Dr. Hume)

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 form	IS:
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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: 5/25/21 (SI)

PPD Wage: \$350

Memo

Resolution R-2223-126

Purchase Requistions

\$2,520.00 2% BAW (Neck)

\$26,460.00 21% BAW (R Shldr)

\$4,235.00 5.5% (R Hand)

\$4,812.50 5% (R Arm)

\$38,027.50

\$ (7,605.50)

(\$30,422.00)

\$38,027.50

(\$1,140.83) 43330102-42134

36,886.67 43330102-42131

Vendor

\$ 760.55 2267 43330102-42133 \$ 285.21 1950 43330102-42135

285.21 1950 43330102-42135 140.00 12122 43330102-44704

\$ 1,185.76 \$ 154.14 434 43330102-44703

\$1,339.90

\$39.367.40

<u>Copies</u> Filed in WCC Filed in Dist.Ct.

11 x

4 x 4 x

1

3 x

Completion

. Date