

ERICKSEN, Tammy L.

WCC 2022-15003 K (Both Ears)

SS# XXX-X4-9323

City Council Date 9/13/22

Atty: Bob Burke

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

DOH: 7/13/98 Separation (if applicable): 1/27/22 (Retired)

RTW: NA MMI: NA

Date of Injury: (DOA 7-1-12)

PPD Wage: \$323

Memo

Resolution R-2223-33

Purchase Requisitions

Permanent Partial Disability Settlement

\$0.00 Dismissal w/ Prejudice

City's Settlement Costs (953-092)

Workers Comp. Admn. Fund (2% of PPD)

Occupational & Health Trust Fund (0.75%)

Filing Fee - Workers Compensation Court of Existing Claims

Filing Fee - Cleveland County District Court

	Vendor	
\$ -	2267	43330102-42133
\$ -	1950	43330102-42135
\$ 140.00	2268	43330102-44704
<u>\$ 140.00</u>		
	434	43330102-44703

Total Settlement Cost (PPD, TTD, Costs)

\$140.00

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

Date