

**Excess Fee Exhibit**  
(File this in addition to the Statement  
of Attorney Fees, if applicable.)



PRINT IN INK or TYPE  
ENTER DATES in MM/DD/YYYY FORMAT

DO NOT USE THIS SPACE

WID NUMBER or SSN	DATE(S) OF CLAIMED INJURY
EMPLOYEE	
VS.	
EMPLOYER(S)	
AND	
INSURER(S)	
AND	

**I am the attorney for the employee, and I certify that the following statements are true:**

1. The specific legal service(s) performed, the date(s) performed, and the number of hours spent for each service in representing the employee in the employee's workers' compensation claim described in the Statement of Attorney Fees and Costs served on

(date) are:  Attached to this Exhibit; or  As follows:

2. I have the following experience and expertise in workers' compensation matters:

3. The following is a description of the factual and legal issues in dispute:

4. The nature of proof required in this case and the responsibility assumed by me was as follows:

5. The following additional information should be considered in determining attorney fees:

6. At this time a hearing on the matter of attorney fees  is  is not requested.

If a hearing is held, specify the language/dialect of any needed interpreter: \_\_\_\_\_

If a reasonable accommodation of disability is requested for a hearing, describe: \_\_\_\_\_  
\_\_\_\_\_

ATTORNEY FOR EMPLOYEE		ATTORNEY FOR EMPLOYEE SIGNATURE	
ADDRESS		ATTORNEY REGISTRATION NUMBER	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

***This material can be made available in different forms, such as large print, Braille or audio. To request, call 651-284-5032 or 800-342-5354.***

**ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.**