

WID NUMBER or SSN
DATE(S) OF CLAIMED INJURY

Court of Administrative Hearings
Workers' Compensation Division
P.O. Box 64620
St. Paul, MN 55164-0620
651-361-7900



DO NOT USE THIS SPACE

EMPLOYEE	VS.
EMPLOYER(S)	AND
INSURER(S)	AND

Statement of Attorney Fees and Costs

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

INSTRUCTIONS TO ATTORNEY: Use this form to request attorney fees and costs. Fill in all applicable blanks. Serve all parties. Provide a complete proposed Order Determining Attorney Fees.

INSTRUCTIONS TO INSURER OR SELF-INSURED EMPLOYER: If you object to the requested fees or costs you must submit your objection to the Court of Administrative Hearings (CAH), and mail it to the employee and the employee's attorney, within 10 calendar days of the date listed in item 13 (the date this Statement was served). Attach a statement of the amounts currently withheld for attorney fees to the objection. You may use the "Employee or Insurer's Objection to Requested Attorney Fees and/or Costs" form.

INSTRUCTIONS TO EMPLOYEE: If you object to the requested attorney fees or costs, you must submit your objection to the Court of Administrative Hearings at the above address within 10 calendar days of the date listed in item #13 (the date this Statement was served). You may use the "Employee or Insurer's Objection to Requested Attorney Fees and/or Costs" form, which can be obtained from CAH at the telephone number listed below, or on the Department of Labor and Industry's website at dli.mn.gov. **If no objection is submitted within 10 days, the attorney fees or costs requested may be awarded. If you do not object to the requested attorney fees you do not need to do anything. You must mail a copy of your objection to the attorney requesting the fees and to the insurer or self-insured employer.** You should contact your attorney if you have questions about the requested attorney fees. You may also contact the department with questions at 651-284-5032 or 800-342-5354.

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

1. I am an attorney duly licensed to practice law in the state of Minnesota.
2. A copy of the signed retainer agreement is attached to this statement, or was filed with CAH on _____.
3. The following benefits which were genuinely disputed were recovered for the employee and would not have been recovered but for my involvement: ☐ TTD ☐ PPD ☐ TPD ☐ PTD ☐ Death Benefits ☐ Medical
☐ Rehabilitation ☐ Retraining ☐ Other _____

Amount recovered: \$ _____ This blank must be completed for contingency fee claims.

4. Dispute certification under M.S. § 176.081, subd. 1(c):
☐ a. This dispute was certified by the Department of Labor and Industry on _____ (date).
☐ b. The Department of Labor and Industry denied certification of this dispute on _____ (date).
☐ c. Certification from the Department of Labor and Industry was not required by M.S. § 176.081, subd. 1(c).
5. The employer/insurer is currently withholding the sum of \$ _____ for attorney fees pursuant to M.S. § 176.081, subd. 1(c).
6. The sum of \$ _____ in attorney fees has been previously paid for the same date of injury.
7. I have spent _____ hours in representing the employee in this matter. My hourly fee is \$ _____.
8. I am claiming the following attorney fees:

a. From employee benefits:

- ☐ 1) The sum of \$ _____ as a contingent fee that does not exceed the limitations of M.S. § 176.081, subd. 1(a).
- ☐ 2) Fees in excess of the fee limitations of M.S. § 176.081, subd. 1 in the sum of \$ _____ pursuant to Irwin v. Surdyk's Liquor, 599 N.W.2d 132, 59 W.C.D. 319 (Minn. 1999). **Attached is the Excess Fee Exhibit with the information required by Minn. Rule 1415.3200, subp. 3, item B.**

b. From the employer/insurer:

- ☐ 1) The sum of \$ _____ as a Roraff - type fee based on the amount recovered, which does not exceed the limitations of M.S. § 176.081, subd. 1(a)(1).
- ☐ 2) The sum of \$ _____ as a Heaton - type fee based on the amount recovered, which does not exceed the limitations of M.S. § 176.081, subd. 1(a)(1).
- ☐ 3) The sum of \$ _____ based on resolution of a non-monetary medical or rehabilitation issue under M.S. § 176.081, subd. 1(a)(2).
- ☐ 4) The sum of \$ _____ under M.S. § 176.191 payable by _____
- ☐ 5) The sum of \$ _____, which is in excess of the limitations of _____ under M.S. § 176.081, subd. 1, pursuant to Irwin v. Surdyk's Liquor, 599 N.W.2d 132, 59 W.C.D. 319 (Minn. 1999). **Attached is the Excess Fee Exhibit with the information required by Minn. Rule 1415.3200, subp. 3, item B.**

9. Application ☐ is ☐ is not made for payment of attorney fees under M.S. § 176.081, Subd. 7. Amount requested: \$ _____

10. ☐ a. I do not know of any other attorney with unsatisfied liens.
- ☐ b. The following attorney has an unsatisfied lien (name and address): _____

11. The sum of \$ _____ has been received from the employee in the form of an expense advancement.

12. ☐ a. Request is made for taxation of costs and disbursements for the sum of \$ _____. An itemization of costs incurred and who paid the costs is attached as Exhibit _____. Receipts have been submitted to the Insurer or self-insured employer.
- ☐ b. Request is not made for taxation of costs and disbursements.

13. A copy of this statement and any exhibits was served on the employee, the employer/insurer and any attorney listed in item 10 on _____ (date). **Proof of service is attached.**

14. I have attached a proposed Order Determining Attorney Fees.

PRINT NAME OF 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.