

APPLICATION FOR ATTORNEY'S FEES

ALL SHADED AREAS FOR DIVISION USE

GENERAL INSTRUCTIONS

To ensure proper payment, complete all applicable sections and FILE THIS FORM WITH THE DIVISION FIELD OFFICE HANDLING THE CLAIM AS SOON AS POSSIBLE AFTER PROVIDING THE SERVICES DESCRIBED. Remember that all shaded areas are for Division use only. Direct any questions to the Division field office handling the claim. All attorneys providing services for the period indicated must sign below. To facilitate processing of your application, a separate DWC FORM-152 should be submitted for each proceeding. Applications for fees related to appellate work should also be submitted separately. A copy of the DWC FORM-152 must be sent simultaneously to your client.

1. CLAIM Number		Sequence #		3. PLEASE INDICATE IF BENEFIT PERCENT REQUESTED IS LESS THAN 25% __ %			
2. Supplemental Income Benefits: Yes No Read Instructions "Explanation of Certain Information" before completing this block. If "Yes," a separate Application for Attorney's Fees must be submitted.							
4. Name of Attorney 1 (Last, First, M.I.)				9. Name of Firm			
5. Attorney 1 Bar Card Number				10. Mailing Address of Firm (Street or P. O. Box)			
6. Representing: Employee Carrier Beneficiary				11. City/State/ZIP Code		11a. Phone Number ()	
7. Name of Attorney 2 (Last, First, M.I.)				12. Name of Attorney 3 (Last, First, M.I.)			
8. Attorney 2 Bar Card Number				13. Attorney 3 Bar Card Number			
14. Name of Injured Employee (Last, First, M.I.)				17. Date of Injury			
15. Social Security Number of Employee				18. Name of Insurance Carrier			
16. Business Name of Employer			Mailing Address of Employer City/State/ZIP Code				
19. Name of Beneficiary (if applicable)				22. Mailing Address of Beneficiary			
20. Social Security Number of Beneficiary				23. City/State/ZIP Code			
21. Beneficiary Type: Spouse Common-law Spouse Child Grandchild Parents Step-parent Sibling Grandparents							

RECAP							TOTAL EXPENSES	
	HOURS REQ.	RATE REQ.	AMT. REQ.	HOURS APPROV.	RATE APPROV.	AMT. APPROV.	AMT. REQ.	AMT. APPROV.
Attorney 1 (A1)		\$ /hr	\$		\$ /hr	\$	\$	\$
Attorney 2 (A2)		\$ /hr	\$		\$ /hr	\$	TOTAL FEE	
Attorney 3 (A3)		\$ /hr	\$		\$ /hr	\$		
Legal Assistant (LA)		\$ /hr	\$		\$ /hr	\$	\$	\$
		TOTAL	\$		TOTAL	\$		

I, the undersigned attorney, do hereby certify that I am the attorney for the client identified in this Application for Attorney's Fees, that by submitting this application either by an original signature, stamp signature, encryption or facsimile, it shall have the same effect as an original signature, that I am responsible and liable for any information contained in this submission, that I am duly authorized and qualified in all respects to make this application, that I have read this application and the document attached and every statement, numerical figure and calculation contained herein is within my personal knowledge and is true and correct, that it represents services, charges and expenses provided by me or my legal assistant under my supervision, on behalf of my client from (_____) ^{date} through (_____) ^{date}. I affirm that the above statement and all contained herein is true and correct. If more than one attorney has performed this work, then certification applies to that part of the services provided by me personally or my legal assistant under my supervision.

I am requesting that the fee be paid in lump sum pursuant to Workers' Compensation Rules 152.1(d) and 152.2.

Signature of Attorney (A1)

Signature of Attorney (A2)

Signature of Attorney (A3)

Date

Date

Date

