

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
ATTORNEY FEE APPROVAL**

A. IDENTIFYING INFORMATION

Employee Name _____ Soc. Security No. _____
Address _____ Date of Injury _____
_____ County of Injury _____

B. REQUEST FOR APPROVAL OF ATTORNEY FEE CONTRACT

Counsel for the employee/claimant requests approval of the attached fee contract which calls for payment of _____ percent (not to exceed 25%) of all income benefits (which are/have been paid in the amount of \$_____ per week) commencing _____ for a period not to exceed _____ weeks.
(date)

C. REQUEST FOR APPROVAL OF ASSESSED FEE, BY CONSENT

Counsel for the employee/claimant _____ other: _____, requests assessment of his/her fee and/or reasonable litigation expenses by consent of parties based on:
_____ Reasonable value of services in the amount of \$_____.
_____ Percent (not to exceed 25%) of all income benefits (which are/have been paid in the amount of \$_____ per week) commencing _____ for a period not to exceed _____ weeks.
_____ Reasonable litigation expenses in the amount of \$_____.

D. AGREEMENT OF ALL PARTIES AND COUNSEL FOR RESOLUTION OF FEE LIEN DISPUTE

All parties and counsel agree for the Board to approve payment of fees as follows: Specify which attorney should receive which fee, and whether the fee should be assessed as a lump sum amount or as percentage based on income benefits, the date commenced, and the percentage to be applied (not to exceed 25%).

E. CERTIFICATION

I certify the fee which I am requesting represents the fair and reasonable value of my services, and complies with O.C.G.A. §34-9-108 and Board Rule 108. I have today sent a copy of this request to all counsel and unrepresented parties in this action.

CONSENTED TO BY:

Signature

Print Name

Address

Date

Signature

Print Name

Address

Date

ORDER

The request for approval of attorneys fees as set forth above is hereby granted. The employer/insurer are directed to pay counsel as provided above, until altered or terminated by law.

Administrative Law Judge

Date

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).