



This form may be used for any fee request; however, it is required for all requests exceeding \$1,000 and when specifically directed by the Board.

WCB Case #(s)		Claimant's Name (Last, First, MI)	
Representative's Identification Number (if any) R-	Date Retained (mm/dd/yyyy)		

A. FEE REQUEST

I, _____, a duly retained attorney/licensed representative, request a fee of _____ for services rendered on behalf of the claimant in the above case(s).

The fee is requested from (select all that apply):

- The continuation of weekly compensation benefits for temporary total or partial disability (see WCL § 24[2][a]).
- An increase in the amount of compensation awarded or paid for a previous period or periods of temporary total or temporary partial disability (see WCL § 24[2][b]).
- A schedule loss of use or permanent facial disfigurement pursuant to WCL § 15(3)(a-t) (see WCL § 24[2][c]).
- An award of permanent total disability pursuant to WCL § 15(1) or permanent partial disability pursuant to WCL § 15(3)(w) (see WCL § 24[2][d]).
- An award for death benefits pursuant to WCL § 16 (see WCL § 24[2][e]).
- An award made pursuant to a WCL § 32 waiver agreement (see WCL § 24[2][f]).
- Other _____

The requested attorney's fee was determined based on the following calculation (please refer to the following link on the Board's webpage for assistance in calculating the appropriate attorney's fee [New Fee Application Desk Aid](#)). If the fee requested is for an amount less than allowed for by WCL § 24(2), please indicate here that the fee requested is less than the amount allowed by WCL § 24(2), the amount requested and the amount allowed:

B. SUBSTITUTION OF ATTORNEY/LICENSED REPRESENTATIVE

An attorney, whether presently or previously retained, must complete Section B.

If a prior attorney has been substituted in a manner prescribed by the Board, and has submitted a fee request, the Board shall determine the amount of fees allocated to any prior attorney out of the total fee awarded (see WCL § 24[3]).

- Are you the claimant's current attorney or licensed representative, or were you substituted for?
- Has the claimant previously retained any other attorney or licensed representative? Yes No
- Have you served or been served a Notice of Substitution? Yes No N/A
- Are you aware of any fee requests from other attorneys and/or licensed representatives? Yes No N/A

WCB Case #(s): _____ Claimant's Name: _____

C. ATTORNEY/LICENSED REPRESENTATIVE CERTIFICATION

I certify that the requested attorney's fee is in accordance with WCL § 24(2)(a-f).

Print Name of Attorney/Licensed Representative Signature of Attorney/Licensed Representative Date Submitted

Address of Attorney/Licensed Representative Attorney/Licensed Representative Phone #

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD PRESENTS, CAUSES TO BE PRESENTED, OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, OR SELF-INSURER, ANY INFORMATION CONTAINING ANY FALSE MATERIAL STATEMENT OR CONCEALS ANY MATERIAL FACT SHALL BE GUILTY OF A CRIME AND SUBJECT TO SUBSTANTIAL FINES AND IMPRISONMENT.

INTERNAL USE ONLY IF FEE AWARDED AT HEARING

Date Amount of Fee Approved WC Law Judge's Initials