

FILED

Joyce Sanders
COURT CLERK

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Claimant's Social Security
Number: xxx-xx-0894

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$678.76 per week for temporary total disability and \$323.00 per week for permanent partial impairment.

- 3 -

THAT as a result of said injury, claimant sustained 20 percent permanent partial impairment to the RIGHT LEG (KNEE)(SURGERY - LOSS OF RANGE OF MOTION - WEAKNESS - LOSS OF FUNCTION), for which claimant is entitled to compensation for 55 weeks at \$323.00 per week, or the total amount of \$17,765.00 of which 17 weeks have accrued and shall be paid in a lump sum of \$5,491.00.

- 4 -

THAT respondent and/or insurance carrier shall pay all reasonable and necessary medical expenses incurred by claimant as a result of said injury.

- 5 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$5,491.00 and pay the balance of said award at the rate of \$323.00 per week until the total award of \$17,765.00 (less attorney fee) has been paid to claimant.

- 6 -

THAT respondent or insurance carrier shall pay court costs; Special Occupational Health and Safety Fund Tax shall be paid in the sum of \$133.24, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$355.30 to the Workers' Compensation Administration Fund, representing two percent (2%) of the permanent disability award herein.

- 7 -

THAT pursuant to Title 85 O.S. Section 368, a final award fee of one hundred forty dollars (\$140.00) is taxed as a cost in this matter, and shall be paid by respondent to the Court Administrator.

- 8 -

THAT the sum of \$3,553.00 shall be deducted from the award herein and paid in lump sum to claimant's attorney as a fair and reasonable attorney fee; within twenty (20) days from the date of filing of this order, respondent or insurance carrier shall comply herewith.

BY ORDER OF:

/s/ 

WILLIAM R FOSTER, JUDGE

jp/CRichardson

A copy of the above and foregoing Court Order was mailed, by regular or Certified United States Mail, on this filed stamped date to:

Claimant's Attorney: DANIEL M DAVIS
300 N WALNUT AVE
OKLAHOMA CITY, OK 73104-

Respondent's Attorney: JEANNE SNIDER
PO BOX 370
NORMAN, OK 73070-

I do hereby certify that the above and foregoing is a true and correct copy of the original order signed by the Judge herein. Witness by my hand and the official seal of this court on this date.



Court Clerk
August 28, 2013

