

McGrane, Edward  
 CM-2018-03311 J  
 SS# XXX-X8-8775  
 City Council Date: 10/27/20  
 Atty: Jeffrey Cooper  
 Trial Date: N/A Order Date: N/A  
 DOH: 7/5/16 Separation (if applicable): 10/23/18  
 RTW: N/A MMI: N/A

Claimant Address: 3925 Adams Ave., Shadyside, OH 43947  
 Date of Injury: 3/19/18 (SI)  
 PPD Wage: \$323

Memo  
 Resolution R-2021-62  
 Purchase Requisitions

**Permanent Partial Disability Settlement**

\$27,800.00 Approx. 24% Whole Body (L. Shldr/Arm & Cervical Spine)

Amount Payable to Claimant & Attorney  
 Attorney Fees (20% of PPD)  
 Net to Claimant

\$27,800.00  
 \$ (5,560.00)  
 \$22,240.00

**Total to Attorney & Claimant**

\$27,800.00 43330102-42131

City's Settlement Costs (953-092)

Workers Comp. Admn. Fund ( 2% of PPD)  
 Occupational & Health Trust Fund (0.75%)  
 Filing Fee - Workers Compensation Commission

		Vendor	
\$ 556.00		2267	43330102-42133
\$ 208.50		1950	43330102-42135
\$ 140.00		12122	43330102-44704
\$ 904.50			

Filing Fee - Cleveland County District Court

\$ 154.14	434	43330102-44703
\$ 1,058.64		

Total Settlement Cost

\$28,858.64

**Settlement forms:**

IF Compromise Settlement  
 Affidavit of Foreign Judgment  
 Assignment of Judgment  
 Checks with case name on them  
 Certificate of Mailing

<u>Copies</u>	Filed in WCC	Filed in Dist.Ct.
11	x	
4		x
4		x
1		
3	x	

**File Closing procedure**

Send Tax Roll Memo to Finance (1st) w/Agenda Approval  
 Send in Taxes to Tax Commission  
 Send filing fee to Comp Court  
 Mail Certified Copy of JP or CS - Mail to all providers  
 File Affidavit & Assignment in District Court  
 Send Tax Roll Memo to Finance (1nd) w/Aff & Assignment  
 Final Letter to Attorney (Sending Aff/Assignment)  
 Log onto Legal's tracking spreadsheet (Legal/WC/Audits)  
 Index in file list & place in storage  
 Send Closing Letter to Claimant's Attorney

Completion  
Date