

IN THE ADMINISTRATIVE WORKERS' COMPENSATION COMMISSION
OF THE STATE OF OKLAHOMA

FILED
MAR 07 2014

**6 WORKERS'
COMPENSATION COMMISSION**

JERRY WAYNE YOUNTS,)
)
 Claimant,)
)
 vs.) WCC No. 2013-07227 X
) XXX-XX-1837
)
 THE CITY OF NORMAN, OKLAHOMA,)
 a Municipal Corporation, Own Risk,)
)
 Respondent.)

REQUEST FOR REVIEW

COMES NOW the Respondent, City of Norman, by and through its attorneys of record, Jeanne Snider and Rickey J. Knighton, and appeals to the Commission, of and from the Order of the Workers' Compensation Court, made and entered on the 28th day of February, 2014, by Judge Bob Lake Grove. For grounds for this appeal, the Respondent alleges and states as follows:

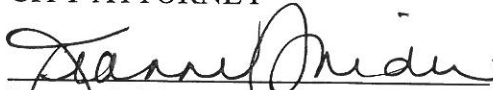
1. That a copy of said order is being attached to this Appeal and made a part thereof as Exhibit A.
2. That the Trial Court erred in finding in paragraph -3- that the claimant sustained 40 percent permanent partial disability to the whole man back and 15 percent permanent partial disability to the left foot (drop).
3. That the issue of injury and disability to the Claimant should be redetermined by the Court En Banc in order to reasonably compensate the Claimant for injury.
4. That the Trial Court's decision was contrary to law and against the clear weight of the evidence.

WHEREFORE, Respondent, City of Norman, prays that this matter be placed on the Oral Argument Docket and that upon hearing of said matter by the Commission that such other and further order be made as to reasonably compensate the Claimant for this injury.

THE CITY OF NORMAN, OKLAHOMA,

A MUNICIPAL CORPORATION

JEFF H. BRYANT
CITY ATTORNEY



Jeanne Snider, OBA #19223
Assistant City Attorney
Ricky J. Knighton, II, OBA #17257
Assistant City Attorney
P. O. Box 370
Norman, Oklahoma 73070
(405) 366-5489

CERTIFICATE OF SERVICE

On this 7th day of March, 2014, I, Jeanne Snider, do hereby certify that I mailed a true and correct copy, postage prepaid, of the above and foregoing to:

Joseph Biscone II
105 North Hudson Avenue, Suite 100
Oklahoma City, OK 73102-4801

On this 7th day of March, 2014, I, Jeanne Snider, do hereby certify that I hand-delivered a true and correct copy of the above and foregoing to:

Cindy Jones, Court Reporter
1915 N. Stiles
Workers Compensation Court
Oklahoma City, Oklahoma 73105



Jeanne Snider

EXHIBIT

“A”

- 3 -

THAT as a result of said injury, claimant sustained 40 percent permanent partial impairment to the WHOLE MAN LOW BACK (objective medical evidence, loss of range of motion, weakness, and three unoperated disc per MRI with subsequent surgery and resulting in permanent anatomical abnormality) and 15 percent permanent partial disability for the LEFT FOOT (DROP)(objective medical evidence, loss of range of motion and neuropathy resulting in permanent anatomical abnormality), for which claimant is entitled to compensation for 233 weeks at \$323.00 per week, or the total amount of \$75,259.00 of which 23 weeks have accrued and shall be paid in a lump sum of \$7,429.00.

- 4 -

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

- 5 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$7,429.00 and pay the balance of said award at the rate of \$323.00 per week until the total award of \$75,259.00 (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 \$564.44, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$1,505.18 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 \$15,051.80 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/ Bob Lake Grove

BOB LAKE GROVE, JUDGE

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: JOSEPH C BISCONE II
105 N HUDSON AVE STE 100
OKLAHOMA CITY, OK 73102-4801

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.

Joyce Sanders



Court Clerk
February 28, 2014