

**FILE COPY**  
**DEC 10 2012**  
**WORKERS COMPENSATION COURT**

**IN THE WORKERS' COMPENSATION COURT  
 STATE OF OKLAHOMA**

HAROLD D. GLOVER,	)	
	)	
Claimant,	)	
	)	WCC No. 2010-09686 F (Knee)
vs.	)	
	)	xxx-xx-3085
THE CITY OF NORMAN,	)	
OKLAHOMA, a Municipal	)	
Corporation, Own Risk,	)	
Respondent.	)	

**ORDER NUNC PRO TUNC**

NOW on this 10<sup>th</sup> day of December, 2012, this matter came on for consideration in the matter of the Order Awarding the Nature and Extent of Temporary Total and Permanent Partial Disability Benefits entered on October 31, 2012. This Nunc Pro Tunc Order is issued correcting the following paragraphs only:

-2-

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$717.00 per week for temporary total disability and \$359.00 per week for permanent partial disability.

-3-

THAT as a result of said injury, claimant was temporarily totally disabled from JUNE 29, 2011 to APRIL 23, 2012, for which time claimant is entitled to compensation for 42 weeks and 5 days in the total amount of \$30,472.50.

-4-

THAT as a result of said injury, claimant sustained 3 percent permanent partial disability to the PSYCHOLOGICAL OVERLAY (depression), 23 percent permanent partial disability to the LEFT LEG over and above pre-existing 2 percent (meniscal tear, chondral surface injuries, loss of range of motion, weakness, loss of function, surgery eventually required), for which claimant is entitled to compensation for 78.25 weeks at \$359.00 per week, or the total amount of \$28,091.75 of which 22 weeks have accrued and shall be paid in a lump sum of \$7,898.00.

-5-

THAT it would be to the best interests of claimant that \$7,022.94 (25%) be commuted for economic necessity.

-10-

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$38,370.50, and the amount commuted (\$7,022.94) pay the balance of said award at the rate of \$359 per week until the total award of \$58,564.25 (less attorney fee and credit due respondent) has been paid to claimant.

-11-

THAT respondent or insurance carrier shall pay court costs; Special Occupational Health and Safety Fund Tax shall be paid in the sum of \$210.69, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$561.84 to the Workers' Compensation Administration Fund, represented two percent (2%) of the permanent disability award herein.

-13-

THAT the sum of \$5,618.35 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.

All other terms of the Order dated October 31, 2012 remain unchanged and in full force and effect.

BY ORDER OF:

  
WILLIAM R. FOSTER, JUDGE

CON/dj

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: RICHARD A. BELL  
PO BOX 1529  
NORMAN, OK 73070-1529

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  
December \_\_\_\_, 2012

## BEFORE THE WORKERS' COMPENSATION COURT OF THE STATE OF OKLAHOMA

**FILED**

In re claim of:

WORKERS' COMPENSATION COURT  
STATE OF OKLAHOMA

October 31, 2012

Joyce Sanders  
COURT CLERK

HAROLD D GLOVER )

Claimant )

) Court Number: 2010-09686F

NORMAN FIRE DEPARTMENT )

Respondent )

) Claimant's Social Security

) Number: xxx-xx-3085

CITY OF NORMAN (OWN RISK #10970) )

Ins. Carrier )

**ORDER AWARDING THE NATURE AND EXTENT OF  
TEMPORARY TOTAL AND PERMANENT PARTIAL DISABILITY BENEFITS**

Now on this 29th day of OCTOBER, 2012, this cause came on for consideration pursuant to regular assignment and hearing on OCTOBER 29, 2012, before JUDGE WILLIAM R FOSTER, at Oklahoma City, Oklahoma, at which time claimant appeared in person and by counsel, RICHARD A BELL and respondent and insurance carrier appeared by counsel, R BLAINE NICE.

The Court having considered the evidence and records on file, and being well and fully advised in the premises FINDS AND ORDERS AS FOLLOWS:

- 1 -

THAT claimant was employed by the above named respondent and such employment was subject to and covered by the provisions of the Workers' Compensation Act of the State of Oklahoma; and on JUNE 29, 2010, claimant became aware he had sustained accidental personal injury as a result of cumulative trauma to the LEFT LEG and PSYCHOLOGICAL OVERLAY (depression) (caused directly by his injury that has caused diminished self-worth) (claimant also cried during his testimony when discussing his current limitations and impairments) arising out of and in the course of claimant's employment. Claimant's last injurious exposure to said trauma was on JUNE 29, 2010

- 2 -

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$683.00 per week for temporary total disability and \$342.00 per week for permanent partial disability.

**ORIGINAL**

- 3 -

THAT as a result of said injury, claimant was temporarily totally disabled from JUNE 29, 2011 to APRIL 23, 2012, for which time claimant is entitled to compensation for 42 weeks and 5 days in the total amount of \$29,369.00.

- 4 -

THAT as a result of said injury, claimant sustained 3 percent permanent partial disability to the PSYCHOLOGICAL OVERLAY (depression) , 23 percent permanent partial disability to the LEFT LEG over and above pre-existing 2 percent (meniscal tear, chondral surface injuries, loss of range of motion, weakness, loss of function, surgery eventually required), for which claimant is entitled to compensation for 78.25 weeks at \$342.00 per week, or the total amount of \$26,761.50 of which 19 weeks have accrued and shall be paid in a lump sum of \$6,498.00.

- 5 -

THAT it would be to the best interests of claimant that \$6,690.37 (25%) be commuted for economic necessity.

- 6 -

THAT multiple injury trust fund is reserved for future hearing.

- 7 -

THAT the Court requires the assistance of a independent medical examiner, to determine if claimant is in need of continuing medical maintenance , for which a separate order will be issued.

- 8 -

THAT the issue of continuing medical maintenance is RESERVED pending the report of the independent medical examiner.

- 9 -

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

- 10 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$35,867.00 and the amount commuted (\$6,690.37) pay the balance of said award at the rate of \$342.00 per week until the total award of \$56,130.50 (less attorney fee and credit due respondent) has been paid to claimant.

- 11 -

THAT respondent or insurance carrier shall pay court costs; Special Occupational Health and Safety Fund Tax shall be paid in the sum of \$200.71, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$535.23 to the Workers' Compensation Administration Fund, representing two percent (2%) of the permanent disability award herein.

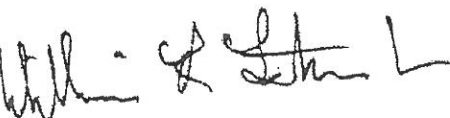
- 12 -

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.

- 13 -

THAT the sum of ~~\$8,289.20~~ 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

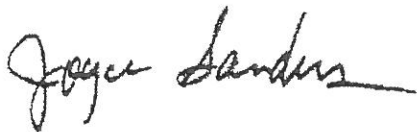
mw/FBennett

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: RICHARD A BELL  
PO BOX 1529  
NORMAN, OK 73070-1529

Respondent's Attorney: R BLAINE NICE  
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  
October 31, 2012



**FILED**

**COURT CLERK**

Number: xxx-xx-3085

**ORIGINAL**

- 3 -

THAT as a result of said injury, claimant was temporarily totally disabled from JUNE 29, 2011 to APRIL 23, 2012, for which time claimant is entitled to compensation for 42 weeks and 5 days in the total amount of \$29,369.00.

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THAT the Court requires the assistance of a independent medical examiner, to determine if claimant is in need of continuing medical maintenance , for which a separate order will be issued.

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THAT the issue of continuing medical maintenance is RESERVED pending the report of the independent medical examiner.

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

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THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$35,867.00 and the amount commuted (\$6,690.37) pay the balance of said award at the rate of \$342.00 per week until the total award of \$56,130.50 (less attorney fee and credit due respondent) has been paid to claimant.

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BY ORDER OF:

/s/ 

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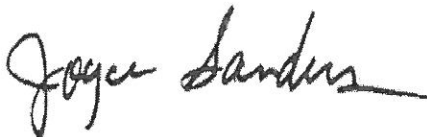
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Court Clerk  
October 31, 2012

