BEFORE THE WORKERS' COMPENSATION COURT OF THE STATE OF OKLAHOMA

In re claim of:	FILED WORKERS' COMPENSATION COURT STATE OF OKLAHOMA
WILLIAM SCOTT KENT Claimant	December 5, 2012 Joyce Sanders COURT CLERK
CITY OF NORMAN Respondent) Court Number: 2007-07274R
CITY OF NORMAN (OWN RISK #10970) Ins. Carrier	Claimant's Social SecurityNumber: xxx-xx-5548

ORDER DETERMINING COMPENSABILITY AND AWARDING PERMANENT PARTIAL DISABILITY BENEFITS

Now on this 30th day of NOVEMBER, 2012, this cause came on for consideration pursuant to regular assignment and hearing on NOVEMBER 26, 2012, before JUDGE MARGARET BOMHOFF, at Oklahoma City, Oklahoma, at which time claimant appeared in person and by counsel, WILLIAM C. DOTY JR and respondent and insurance carrier appeared by counsel, JEANNE SNIDER.

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 on MARCH 21, 2007, 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 said date claimant sustained accidental personal injury to the BACK, RIGHT SHOULDER, LEFT SHOULDER, PSYCHOLOGICAL OVERLAY, and NECK arising out of and in the course of claimant's employment.

-2-

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$289.00 per week for permanent partial disability.

THAT as a result of said injury, claimant sustained 8 percent permanent partial disability to the BACK, 8 percent permanent partial disability to the RIGHT SHOULDER, 8 percent permanent partial disability to the LEFT SHOULDER, 0 percent permanent partial disability to the PSYCHOLOGICAL OVERLAY and 0 percent permanent partial disability to the NECK, for which claimant is entitled to compensation for 120 weeks at \$289.00 per week, or the total amount of \$34,680.00 of which 18 weeks have accrued and shall be paid in a lump sum of \$5,202.00.

- 4 -

THAT the issue of continuing medical maintenance is DENIED.

- 5 -

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

- 6 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$5,202.00 and pay the balance of said award at the rate of \$289.00 per week until the total award of \$34,680.00 (less attorney fee) has been paid to claimant.

- 7 -

THAT respondent or insurance carrier shall pay court costs; Special Occupational Health and Safety Fund Tax shall be paid in the sum of \$260.10, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$693.60 to the Workers' Compensation Administration Fund, representing two percent (2%) of the permanent disability award herein.

- 8 -

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.

- 9 -

THAT the sum of \$6,936.00 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:

MARGARET BOMHOFF, JUDGE

1s/ Magaret & Bombite

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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.

COMPENSA:

SEAL

Court Clerk

December 5, 2012