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THAT at time of injury, claimant's wage were sufficient to establish the rate of compensation at \$323.00 per week for permanent partial impairment.

- 3 -

THAT determination of the rate of temporary total disability of compensation is reserved for future hearing.

- 4 -

THAT as a result of said injury, claimant sustained 23 percent permanent partial impairment to the RIGHT SHOULDER, for which claimant is entitled to compensation for 115 weeks at \$323.00 per week, or the total amount of \$37,145.00 of which 19 weeks have accrued and shall be paid in a lump sum of \$6,137.00.

- 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 \$6,137.00 and pay the balance of said award at the rate of \$323.00 per week until the total award of \$37,145.00 (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 \$278.59, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$742.90 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 \$7,429.00 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/ *Carla Snipes*

CARLA SNIPES, 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: 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.

*Joyce Sanders*



Court Clerk  
June 6, 2013