

BEFORE THE WORKERS' COMPENSATION COURT OF THE STATE OF OKLAHOMA

FILED

**WORKERS' COMPENSATION COURT
STATE OF OKLAHOMA**

November 21, 2013

**Joyce Sanders
COURT CLERK**

In re claim of:

WILLIAM BRIAN STARKEY
Claimant

CITY OF NORMAN
Respondent

CITY OF NORMAN (OWN RISK #10970)
Ins. Carrier

)
)
) Court Number: 2012-09890L
)
)
) Claimant's Social Security
) Number: xxx-xx-6502
)

**ORDER DETERMINING COMPENSABILITY AND AWARDING
PERMANENT PARTIAL IMPAIRMENT BENEFITS**

Now on this 19th day of NOVEMBER, 2013, this cause came on for consideration pursuant to regular assignment and hearing on NOVEMBER 19, 2013, before JUDGE MICHAEL W MCGIVERN, at Oklahoma City, Oklahoma, at which time claimant appeared in person and by counsel, GARY R MORRIS 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 APRIL 16, 2012, 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/occupational disease to the LEFT SHOULDER 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 rate of compensation at \$323.00 per week for permanent partial impairment.

- 3 -

THAT temporary total disability is not an issue herein.

- 4 -

THAT as a result of said injury, claimant sustained 18 percent permanent partial impairment to the LEFT SHOULDER, for which claimant is entitled to compensation for 90 weeks at \$323.00 per week, or the total amount of \$29,070.00 of which 29 weeks have accrued and shall be paid in a lump sum of \$9,367.00.

- 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 \$9,367.00 and pay the balance of said award at the rate of \$323.00 per week until the total award of \$29,070.00 (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 \$218.03, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$581.40 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 \$5,814.00 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/ Michael W McGivern

MICHAEL W MCGIVERN, JUDGE

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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: GARY R MORRIS
PO BOX 30339
MIDWEST CITY, OK 73140-

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
November 21, 2013

