

FILED

Joyce Sanders  
COURT CLERK

Ins. Carrier

THAT claimant's accidental personal injury on or about JULY 29, 2011, to his RIGHT SHOULDER arose out of and in the course of his employment with the respondent.

- 4 -

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$668.84 per week for temporary total disability and \$323.00 per week for permanent partial disability.

- 5 -

THAT claimant has permanent anatomical abnormalities to his RIGHT SHOULDER which are causally related to his accidental personal injury, herein. THEREFORE, as a result of said injury, claimant sustained 23 percent permanent partial disability to the RIGHT SHOULDER (with permanent anatomical abnormality superior and posterior labral tear, impingement, surgical repairs of labral tear, supraspinatus tear, distal clavicle resection/acromioplasty, biceps tendon repair; functional loss), 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 29 weeks have accrued and shall be paid in a lump sum of \$9,367.00.

- 6 -

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

- 7 -

THAT the findings of injury, necessity of medical treatment and permanent partial disability are supported by objective medical evidence under 85 O.S. §308 (32).

- 8 -

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 \$37,145.00 (less attorney fee) has been paid to claimant.

- 9 -

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.

- 10 -

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.

- 11 -

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/ 

DAVID P REID, 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: GREG A BARNARD  
225 N PETERS  
NORMAN, OK 73069-7232

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 25, 2013