

IC-32-A



The Industrial Commission of Ohio

APPLICATION FOR LUMP SUM PAYMENT OF ATTORNEY FEES

Mail this form to: Industrial Commission of Ohio, Lump Sum Payments, 30 W. Spring St. 5th floor, Columbus, Ohio 43215, Fax: (614) 466-0514

CLAIM NUMBER, SOCIAL SECURITY #, DATE OF INJURY

ADDRESS ON APPLICATION IS NEW

Form with sections for Injured Worker's Address, Employer's Address, Injured Worker's Representative, and Employer's Representative, including fields for Name, Phone, Address, City, State, Zip Code, and County.

The undersigned attorney-at-law, duly authorized by the injured worker to represent him/her in the above captioned industrial claim, certifies that:

(1) I have rendered the following services for this claim which were necessary to obtain the award for which the advancement to pay the fee is requested:

Four horizontal lines for listing services rendered.

(2) Should the Application for Lump Sum Payment, now under consideration, be granted, the injured worker will not be liable for any further fee with respect to continuing compensation, except where a later dispute would arise in this claim, requiring my additional services.

(3) Should the Application for Lump Sum Payment include a request for reimbursement of expenses (not to exceed \$500.00), a copy of the bill has been included with the application.

Attorney's Signature (required) and Date

I, the undersigned injured worker, am making application for a lump sum advancement for payment of attorney fees in the amount of \$... If the lump sum payment is granted by the Industrial Commission of Ohio, either wholly or in part, I request and authority is given to the Bureau of Workers' Compensation or self insured employer to distribute the lump sum payment directly to the person or persons to whom payment is now due from me, pursuant to any Commission order. This payment will result in a reduction of weekly benefits from my [] Permanent Total [] Permanent Partial [] Death award.

I certify that the above facts on my application are true.

Injured Worker's Signature (required) and Date