

WORKER'S SETTLEMENT STATEMENT
 Michigan Department of Consumer & Industry Services
 Bureau of Workers' & Unemployment Compensation
 P O Box 30016, Lansing, MI 48909

Plaintiff	Defendant	
vs.		
1a. Current Settlement Payment	\$ <input style="width:100px;" type="text"/>	
1b. 70% Benefits Paid (if any)	\$ <input style="width:100px;" type="text"/>	
1c. TOTAL REDEMPTION SETTLEMENT AMOUNT	\$ <input style="width:100px;" type="text"/>	
<u>ATTORNEY EXPENSES UNDER 408.44(5)</u>		
2a. _____	\$ <input style="width:100px;" type="text"/>	
2b. _____	\$ <input style="width:100px;" type="text"/>	
2c. _____	\$ <input style="width:100px;" type="text"/>	
2d. _____	\$ <input style="width:100px;" type="text"/>	
2e. TOTAL EXPENSES	\$ <input style="width:100px;" type="text"/>	
<u>ATTORNEY FEE CALCULATION UNDER 408.44(3)(4)(7)</u>		
3a. Base for Fee Calculation (Total Redemption Minus Total Expenses)	\$ <input style="width:100px;" type="text"/>	
3b. _____ % of first \$25,000 =	\$ <input style="width:100px;" type="text"/>	
3c. _____ % above \$25,000 =	\$ <input style="width:100px;" type="text"/>	
3d. _____ % X _____ =	\$ <input style="width:100px;" type="text"/>	
3e. TOTAL ATTORNEY FEE	\$ <input style="width:100px;" type="text"/>	
4. REDEMPTION FEE	\$ <input style="width:100px;" type="text" value="100.00"/>	
<u>DIRECT PAYMENTS</u>		
5a. _____	\$ <input style="width:100px;" type="text"/>	
5b. _____	\$ <input style="width:100px;" type="text"/>	
5c. _____	\$ <input style="width:100px;" type="text"/>	
5d. TOTAL DIRECT PAYMENTS	\$ <input style="width:100px;" type="text"/>	
6. 70% BENEFITS PAID	\$ <input style="width:100px;" type="text"/>	
7. TOTAL EXPENSES, ATTORNEY FEES, REDEMPTION FEE, DIRECT PAYMENTS AND 70% BENEFITS	\$ <input style="width:100px;" type="text"/>	
8. NET AMOUNT TO PLAINTIFF (1c MINUS 7)	\$ <input style="width:100px;" type="text"/>	
I certify that I have read and approved of this statement.		
Date	Plaintiff	Attorney for Plaintiff