

# OPINION/ORDER

Department of Licensing and Regulatory Affairs  
Michigan Administrative Hearing System  
Workers' Compensation Board of Magistrates  
PO Box 30016, Lansing, MI 48909

Plaintiff's Social Security Number: \_\_\_\_\_ Plaintiff's Name(s): \_\_\_\_\_

**Defendants(s)/Carrier(s)**

- A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_

**Type of Claim** (For statistical purposes only – not a part of this order)

- A.  General Disability    B.  Partial Wage Loss    C.  Specific Loss    D.  Permanent Total    E.  Death    F.  Misc.

**Type of Award** (For statistical purposes only – not a part of this order)

1.  Granted Open    4.  Medical Only    7.  Stipulated Open    10.  Dismissed    13.  Granted Pet. to Stop    16.  Voc. Rehab Review  
2.  Granted Closed    5.  Voluntary Pay    8.  Stipulated Closed    11.  Granted Penalty    14.  Denied Pet. to Stop    17.  Atty. Fee Resolved  
3.  Denied    6.  Voluntary Pay - 115    9.  Withdrawn    12.  Denied Penalty    15.  Health Care Resolved    18.  Other

Injury Date(s) Established	Average Weekly Wage	Discontinued Fringes	Date Discontinued
	\$	\$	
	\$	\$	

**IRS Filing Status:**    A.  Single    B.  Single/Head of Household    C.  Married/Joint    D.  Married/Separate

**Dependents - Date of Marriage/Birth**

Name	Date	Name	Date	Name

**IT IS FOUND** that the employee is disabled and compensation shall be paid as follows:

Defendant/Carrier	At the weekly rate of	From	Through
	\$		
	\$		
	\$		

**IT IS FURTHER FOUND** that the employee is still disabled and therefore it is ordered that defendant/carrier \_\_\_\_\_ shall pay compensation at the rate of \$\_\_\_\_\_ per week, until further order. Interest shall be paid in accordance with Section 801(6).

**IT IS FURTHER ORDERED** that defendant/carrier \_\_\_\_\_ shall be responsible for medical expense(s) pursuant to Section 315 as follows:

**IT IS FURTHER ORDERED** that the maximum authorized attorney fee shall not exceed \_\_\_\_\_ percent of the compensation accrued (subject to the provisions of Section 858 (418.858) and Rule 14, R408.44).

**IT IS FURTHER ORDERED** that:

\_\_\_\_\_  
Magistrate

Signed on \_\_\_\_\_ at \_\_\_\_\_ Michigan

Unless a Claim for Review is filed by either party within 30 days from the date stamped on this Opinion/Order as "Mailed Date," this order shall become final. The Claim for Review should be filed with the Michigan Compensation Appellate Commission, PO Box 30468, Lansing, MI 48909-7968.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act 418.847(2), R418.54(1) Completion: Mandatory Penalty: None
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