

WORKER'S SETTLEMENT STATEMENT
Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

Plaintiff	Defendant	
v.		
1a. Current Settlement Payment	\$	
1b. 70% Benefits Paid (if any)	\$	
1c. Total Redemption Settlement Amount	\$	
<u>ATTORNEY EXPENSES UNDER R408.44(5)</u>		
2a. _____	\$	
2b. _____	\$	
2c. _____	\$	
2d. _____	\$	
2e. Total Expenses	\$	
<u>ATTORNEY FEE CALCULATION UNDER R408.44(3)(4)(7)</u>		
3a. Base for Fee Calculation (Total Redemption Minus Total Expenses)	\$	
3b. _____ % of first \$25,000 =	\$	
3c. _____ % above \$25,000 =	\$	
3d. _____ % X _____ =	\$	
3e. Total Attorney Fee	\$	
4. Redemption Fee	\$ 100.00	
<u>DIRECT PAYMENTS</u>		
5a. _____	\$	
5b. _____	\$	
5c. _____	\$	
5d. Total Direct Payments	\$	
6. 70% Benefits Paid	\$	
7. Total Expenses, Attorney Fees, Redemption Fee, Direct Payments and 70% Benefits	\$	
8. Net Amount to Plaintiff (1c minus 7)	\$	
I certify that I have read and approved of this statement.		
Date	Plaintiff	Attorney for Plaintiff

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