

WORKER'S SETTLEMENT STATEMENT
Michigan Department of Labor and Economic Opportunity
Workers' Disability 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	\$	
ATTORNEY EXPENSES		
2a. _____	\$	
2b. _____	\$	
2c. _____	\$	
2d. _____	\$	
2e. Total Expenses	\$	
ATTORNEY FEE CALCULATION		
3a. Base for Fee Calculation (Total Redemption Minus Total Expenses)	\$	
3b. _____ % of first \$ =	\$	
3c. _____ % above \$ =	\$	
3d. _____ % X _____ =	\$	
3e. Total Attorney Fee	\$	
4. Redemption Fee	\$ 100.00	
DIRECT PAYMENTS		
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

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Authority: R408.44
Completion: Voluntary
Penalty: None