

Excess Fee Exhibit
(File this in addition to the Statement
of Attorney Fees, if applicable.)



PRINT IN INK or TYPE
ENTER DATES in MM/DD/YYYY FORMAT

DO NOT USE THIS SPACE

WID or SSN	DATE(S) OF CLAIMED INJURY
EMPLOYEE	VS.
EMPLOYER(S)	AND
INSURER(S)	AND

I am the attorney for the employee, and I certify that the following statements are true:

1. The specific legal service(s) performed, the date(s) performed, and the number of hours spent for each service in representing the employee in the employee's workers' compensation claim described in the Statement of Attorney Fees and Costs served on _____ (date) are: Attached to this Exhibit; or As follows:

2. I have the following experience and expertise in workers' compensation matters:

3. The following is a description of the factual and legal issues in dispute:

4. The nature of proof required in this case and the responsibility assumed by me was as follows:

5. The following additional information should be considered in determining attorney fees:

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6. At this time a hearing on the matter of attorney fees is is not requested.

If a hearing is held, specify the language/dialect of any needed interpreter: _____

If a reasonable accommodation of disability is requested for a hearing, describe: _____

ATTORNEY FOR EMPLOYEE			ATTORNEY FOR EMPLOYEE SIGNATURE
ADDRESS			ATTORNEY REGISTRATION NUMBER
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

This material can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.