

South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 500
 Post Office Box 1715
 Columbia, South Carolina 29202-1715
 803-737-5723



WCC File #: _____
 Carrier File #: _____
 Carrier Code #: _____
 Employer FEIN #: _____

Claimant's Name: _____ Employer's Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Insurance Carrier: _____
 Preparer's Name: _____ Law Firm: _____ Preparer's Phone #: _____

Date Attorney Was Hired: _____ Date of Injury: _____
 Compensation Rate: _____ Does this conclude the case? Yes No

PLEASE CHECK AND COMPLETE ONLY ONE: (A, B, C or D)

A. R.67-1205C does not apply to the facts of this case. A _____ % fee of the award or settlement (excluding medical costs) and the costs of this action, as shown by the attached Settlement of Costs, are requested for approval.

B. The subsection of R. 67-1205C applicable to this claim is (C) (_____). A fee of \$ _____ is requested for approval based on the following:

Date of first impairment rating or offer of settlement: _____
Impairment Rating given and/or **Settlement amount** offered prior to date attorney hired: _____
Impairment Rating given and/or **Settlement amount** offered after date attorney hired: _____
Authorized Health Care Provider's Name: _____

C. Admitted Death Claim - \$2,500.

D. Admitted Lifetime Compensation Claim - \$2,500.

I certify that this form and the attached Statement of Costs are accurate.

 Attorney for the Claimant

 Date

Summary	
Total Amount of Compensation	\$ _____
Attorney's Fee	\$ _____
Costs	\$ _____
Total Fees and Costs	\$ _____
Client Will Receive	\$ _____

I agree to pay my attorney the fee and costs stated. I understand the fee and costs are paid out of my compensation and I understand how much money I will receive after I pay my attorney.

 Client

 Date

A Statement of Costs must be attached before costs may be approved. File this form in duplicate with the Claims Department. Enclose a self-addressed, stamped envelope. For further information, refer to R.67-1203, R.67-1204, R.67-1205, R.67-1206 and Rule 1.5(a), RPC Rule 407, SCACR.