

July 22, 2004

**FILED**

Patricia J. Kessner  
Clerk of Court  
Workers' Compensation Court  
PO Box 537  
Helena, MT 59624-0537

JUL 26 2004

OFFICE OF  
WORKER'S COMPENSATION JUDGE  
HELENA, MONTANA

Re:  Flynn/Miller v. State Fund

Dear Pat:

Enclosed please find copies of the following:

1. Revised letter from the Workers' Compensation Court which the State Fund will mail to Claimants. This includes the words at the top where the Court's letterhead will appear and a box indicating where the Claimants address will appear.
2. Letter from the Workers' Compensation Court without the words at the top where the Court's letterhead will appear and a box indicating where the Claimants address will appear. This form leaves room for you to make copies of the letter on the Court's letterhead.
3. Verification form.

The letter and verification form include the changes indicated by the Court.

If you have any questions or concerns, please do not hesitate to contact this office.

Sincerely,  
ATTORNEYS INC., P.C.



Rex Palmer

RP:mmm  
Enclosures

cc: Brad Luck

# Workers' Compensation Court letterhead



Dear \_\_\_\_\_:

Date: \_\_\_\_\_

Records indicate that you received Workers' Compensation benefits from the Montana State Fund. You **may** be entitled to receive additional Workers' Compensation benefits if you meet **all** of the following criteria:

1. You received total disability workers' compensation benefits from the Montana State Fund sometime between July 1, 1974, and December 5, 2002; and
2. You also received Social Security disability benefits during at least part of this time; and
3. You paid a fee to your representative in your Social Security litigation or incurred other costs to obtain your Social Security disability benefits; and
4. You have not settled your workers' compensation claim; and
5. You submit written verification to the Workers' Compensation Court of the fees charged by your representative or other costs which you incurred to obtain your Social Security disability benefits by \_\_\_\_\_. (Date 210 days from date of letter). If you fail to submit this information by such date, your claim will not be reviewed.

This notice is provided to you because of some recent decisions from the Montana Supreme Court and the Workers' Compensation Court. In these decisions the Courts ruled that if the State Fund reduced a claimant's workers' compensation benefits because the claimant received Social Security disability benefits, then the State Fund should generally pay half of the fees and costs associated with the claimant's successful efforts in obtaining Social Security disability benefits. You may be entitled to some increased payment if you can verify the fees and costs you incurred.

The Court has concluded that the attorney who did the legal work resulting in the decisions established a "common fund" that benefits claimants who became entitled to increased payments because of the Court's decisions. The Court will decide the amount of the fee which will not be more than 25% of the increased benefits. A hearing will be held at a later date to determine the exact fee. You will have a chance to voice your questions or concerns at that hearing if you so choose.

If you believe that you meet all of the above criteria, please complete the enclosed form with as much information as you have. When you have done this, return the form to the Workers' Compensation Court, P.O. Box 537, Helena, Montana 59624-0537.

## VERIFICATION OF COSTS AND FEES

If you believe that you meet the criteria set out in the Court's letter dated \_\_\_\_\_, please complete this form with as much information as you have and return the form to the Workers' Compensation Court, P.O. Box 537, Helena, Montana 59624-0537.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street and number)  
Phone #: \_\_\_\_\_  
(City)  
SSN#: \_\_\_\_\_  
(State Zip)

1. Did you hire an attorney or other representative to assist you to obtain your Social Security disability benefits?      YES      NO  
(circle one)

2. Identify the attorney or other representative which you hired to assist you to obtain your Social Security disability benefits.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street and number)  
Phone #: \_\_\_\_\_  
(City)  
(State Zip)

3. Please enclose a copy of the notice establishing your representative's fee amount authorized by the Social Security Administration. If you do not have a copy of the notice, please state the amount of the fee as best you can recall and return this form anyway. Someone may be able to help you get a copy of the notice.

- Enclosed is a copy of the notice establishing my representative's fee.
- I do not have a copy of the notice establishing my representative's fee and I would like assistance in searching for the information.

4. Did you incur any costs other than a fee to a representative to obtain your Social Security disability benefits?      YES      NO  
(circle one)

5. If you answered **YES** to question number 4, please enclose copies of a cancelled check, receipt, or paid invoice establishing that you actually paid the costs in connection with obtaining your Social Security disability benefits.

**In order to be considered for potential entitlement to additional benefits, you must provide written verification of fees or other costs which you incurred to obtain your Social Security disability benefits by \_\_\_\_\_.** If you fail to submit this information by such date, your claim will not be reviewed.



Dear \_\_\_\_\_:

Date: \_\_\_\_\_

Records indicate that you received Workers' Compensation benefits from the Montana State Fund. You **may** be entitled to receive additional Workers' Compensation benefits if you meet **all** of the following criteria:

1. You received total disability workers' compensation benefits from the Montana State Fund sometime between July 1, 1974, and December 5, 2002; and
2. You also received Social Security disability benefits during at least part of this time; and
3. You paid a fee to your representative in your Social Security litigation or incurred other costs to obtain your Social Security disability benefits; and
4. You have not settled your workers' compensation claim; and
5. You submit written verification to the Workers' Compensation Court of the fees charged by your representative or other costs which you incurred to obtain your Social Security disability benefits by \_\_\_\_\_. (Date 210 days from date of letter). If you fail to submit this information by such date, your claim will not be reviewed.

This notice is provided to you because of some recent decisions from the Montana Supreme Court and the Workers' Compensation Court. In these decisions the Courts ruled that if the State Fund reduced a claimant's workers' compensation benefits because the claimant received Social Security disability benefits, then the State Fund should generally pay half of the fees and costs associated with the claimant's successful efforts in obtaining Social Security disability benefits. You may be entitled to some increased payment if you can verify the fees and costs you incurred.

The Court has concluded that the attorney who did the legal work resulting in the decisions established a "common fund" that benefits claimants who became entitled to increased payments because of the Court's decisions. The Court will decide the amount of the fee which will not be more than 25% of the increased benefits. A hearing will be held at a later date to determine the exact fee. You will have a chance to voice your questions or concerns at that hearing if you so choose.

If you believe that you meet all of the above criteria, please complete the enclosed form with as much information as you have. When you have done this, return the form to the Workers' Compensation Court, P.O. Box 537, Helena, Montana 59624-0537.



Dear \_\_\_\_\_:

Date: \_\_\_\_\_

Records indicate that you received workers' compensation benefits from the Montana State Fund. You **may** be entitled to receive additional workers' compensation benefits if you meet **all** of the following criteria:

1. You received total disability workers' compensation benefits from the Montana State Fund sometime between July 1, 1974 and December 5, 2002; and
2. You also received Social Security disability benefits during at least part of this time; and
3. You paid a fee to your representative in your Social Security litigation or incurred other costs to obtain your Social Security disability benefits; and
4. You have not settled your workers' compensation claim; and
5. You submit written verification to the Workers' Compensation Court of the fees charged by your representative or other costs which you incurred to obtain your Social Security disability benefits by \_\_\_\_\_. (Date 210 days from date of letter). If you fail to submit this information by such date, your claim will not be reviewed.

This notice is provided to you because of some recent decisions from the Montana Supreme Court and the Workers' Compensation Court. In these decisions the Courts ruled that if the State Fund reduced a claimant's workers' compensation benefits because the claimant received Social Security disability benefits, then the State Fund should generally pay half of the fees and costs associated with the claimant's successful efforts in obtaining Social Security disability benefits. You may be entitled to some increased payment if you can verify the fees and costs you incurred.

The Court has concluded that the attorney who did the legal work resulting in the decisions established a "common fund" that benefits claimants who became entitled to increased payments because of the Court's decisions. The Court will decide the amount of the fee which will not be more than 25% of the increased benefits. A hearing will be held at a later date to determine the exact fee. You will have a chance to voice your questions or concerns at that hearing if you so choose.

If you believe that you meet all of the above criteria, please complete the enclosed form with as much information as you have. When you have done this, return the form to the Workers' Compensation Court, P.O. Box 537, Helena, Montana 59624-0537.