

## MONTANA WORKERS' COMPENSATION COURT

### REQUEST FOR CONSIDERATION FOR FLYNN BENEFITS

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Your SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Did you hire an attorney or other representative to assist you to obtain your social security disability benefits?

YES NO (circle one)

2. If so, please provide the name and address of your attorney or representative:

3. Please enclose a copy of the Social Security Administration notice concerning your attorney's or representative's fee.

I have a copy of the notice and it is enclosed.

I do not have a copy of the notice.

4. If you incurred costs other than a fee to a representative to obtain your social security disability benefits:

a. What was the amount of your costs? \$ \_\_\_\_\_

b. **Attach copies of cancelled checks and receipts showing your costs.**

5. Mr. Rex Palmer, the attorney who prosecuted the legal action which established your possible entitlement to further benefits, has been asked by the Court to review your eligibility for benefits. The Court will authorize him to review your workers' compensation and social security files and records, including medical information, to the extent necessary to determine your eligibility for further benefits. He will do so under a confidentiality order prohibiting him from disclosing information concerning your claim to any other persons.

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

**NOTICE: You must complete and mail this questionnaire and verification to:**

**Workers' Compensation Court  
P.O. Box 537  
Helena, MT 59624-0537**

**by September 4, 2005. If you fail to submit this information by that date, you will not be considered for additional benefits.**

**DO NOT CONTACT THE MONTANA STATE FUND.**