

REQUEST FOR APPROVAL OF ASSESSED ATTORNEY FEE, BY CONSENT

Instructions: Use this form to request approval of your assessed attorney's fee when there is agreement of all parties and when Form WC-102d2 is not appropriate [i.e., do not use this to request approval of an assessed fee when confirming to a judge the removal of a case from a calendar, not to be rescheduled.] Do not use this if your request is for approval of your fee contract, not to be assessed [if so, use Form WC-108a]. Complete this form and send it to the State Board of Workers' Compensation, Suite 1000 - South Tower, One CNN Center, Atlanta, Georgia 30303-2788. Also send a copy to all counsel and to all unrepresented parties. The Board will not consider this request unless your fee contract has been filed. Do not send a cover letter to the Board.

\_\_\_\_\_  
Employee's Name (First, Middle, Last) Social Security Number

\_\_\_\_\_  
Employee's Address City State ZIP Date of Injury

\_\_\_\_\_  
Employer's Complete Name

\_\_\_\_\_  
Employer's Address City State ZIP

\_\_\_\_\_  
Insurer's Name

\_\_\_\_\_  
Insurer's Address City State ZIP

Counsel for \_\_\_ the employee \_\_\_ the claimant(s):  
\_\_\_ other:

requests assessment of his or her fee, and all parties consent, on the following ground:  
[give factual reason and cite proper code section]

\_\_\_ The fee should be assessed in the amount of \$ \_\_\_\_\_,

OR

\_\_\_ The fee should be assessed in the amount representing \_\_\_\_\_%\* of all income benefits (which are/have been paid in the amount of \$ \_\_\_\_\_ per week) since the date of \_\_\_\_\_.

\*[if more than 25% is requested, give reason]

I certify that the fee which I am requesting represents a fair and reasonable value of my services in this matter, and that this fee is in accordance with O.C.G.A. §34-9-108 and Board Rule 108. I have today sent a copy of this request to all counsel, and to all unrepresented parties whose addresses are indicated above. The names of counsel to whom this has been sent are:

number:

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Signature Date  
Type your name, address, and telephone