

FORM CS-01

PAYMENT CLAIM FOR LEGAL & OTHER SERVICES BEFORE THE COMMISSION [A.S.C.A. §32.0671]

Instructions: Pursuant to A.S.C.A. §32.0671, no claim for legal or other services rendered in respect of a claim filed before the Commission, or an award for compensation, to or on account of any person is valid unless approved by the Commissioner. Under A.S.C.A. §32.0555, any payment of such fees or services in respect to a claim filed not approved by the Commissioner is considered a Class A Misdemeanor. To file a payment claim for legal or other services rendered on a filed claim before the Commission, this form must be filed with the Commissioner within 10-days before the claimant's last hearing. All supporting documentations or proof of record must be enclosed together with this form. The Commission do not accept payment claims on controverted cases.

Please choose applicable Payment Claim:

LEGAL FEES | GRATUITY | OTHER SERVICES

1. Name of Person or Vendor Filing Payment Claim:	2. Identify Person Filing this Claim <input type="checkbox"/> Attorney <input type="checkbox"/> Business / Employer	3. Employer Identification No. (EIN):
4. Applicant's Contact Information: <u>Mailing Address:</u>	Telephone No.:	
	Email Address (if any):	
5. Name of Claimant (Employee):	6. WCC Case No.:	7. Date of Claimant's Last Hearing:

8. LEGAL FEES. Specify the total percentage of legal fees claim for payment and lien upon the claimant's compensation award. An invoice billing for legal services rendered for payment must be approved and signed by both the applicant and employee. A copy must be furnished and submitted together with this form.	Total Percentage: _____ %
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9. OTHER SERVICES. Specify all other services rendered for the employee's claim being claim for payment, including the total cost of such services. An invoice billing of all payment being claimed for payment must be approved and signed by both the applicant and employee. A copy must be furnished and submitted together with this form. Approved payments will be lien upon the claimant's compensation award.

SERVICES RENDERED BEING CLAIM FOR PAYMENT	TOTAL COST (\$)

10. AUTHORIZATION:

I hereby acknowledge and verify as the Attorney or vendor stated herein filing a payment claim for services before the Commissioner for approval under A.S.C.A. §32.0671. I duly affirmed that all the information, records, and documentations disclosed within and provided together with this form are both true and not fraudulent. I also agree and acknowledge to furnish and provide any record or documentation the form requires, or upon request of the Commission.

(Print & Sign): _____
NAME & SIGNATURE OF PERSON MAKING THIS CLAIM:

DATE: _____

FILED
*** AUTHORIZED OWCC PERONNEL ONLY ***

