

CLAIMANT'S ATTORNEY CHARGING LIEN

I. CLAIM INFORMATION		
CLAIMANT:	EMPLOYER:	
IC# (Primary):	SURETY:	
Date of Accident/Injury (Primary):	TPA/Claim Administrator:	
Date of Manifestation of Occ Disease:	Nature of Injury or OD:	
CLAIMANT ATTORNEY:	Phone #:	Date Retained:
Retainer Agreement and Disclosure Statement Attached? <input type="checkbox"/> No <input type="checkbox"/> Yes	DEFENDANT ATTORNEY:	
Future Medical to remain open after settlement?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Claims for benefits which were undisputed at time of retention of counsel:	Dollar value of same, either paid or conceded as owed:	
Claims for benefits which were disputed at or after the retention of counsel:		
Disputes resolved by settlement (succinct bullet points):		
Does the settlement contain offset language pro rating benefits over Claimant's expected lifetime?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

II. ATTORNEY FEES AND COSTS

A. Identify all benefits from which prior and/or proposed fees are taken and describe what you did to "primarily or substantially" secure the same.

Benefit type	\$ Amount	Date from	Date to	Brief narrative describing what you did to secure this benefit	\$ Amt of prior fee taken	\$ Amt of proposed fee taken	Supporting docs attached?

B. Itemize any prior and/or current costs taken:

Nature of Services/product	\$ Amt of prior cost taken	\$ Amt of proposed cost taken

C. Portion of settlement which constitutes "available funds" as defined in IDAPA 17.01.01.010.03

D. Proposed attorney fee payable from available funds \$

ADDITIONAL EXPLANATION, IF NEEDED: