

WID or SSN
DATE(S) OF CLAIMED INJURY

Minnesota Department of Labor and Industry
 Workers' Compensation Division
 PO Box 64218
 St. Paul, MN 55164-0218
 (651) 284-5030
 1-800-342-5354 (DIAL-DLI)



DO NOT USE THIS SPACE

EMPLOYEE	VS.
EMPLOYER	AND
INSURER	AND

Petition for Taxation of Actual and Necessary Disbursements
 Before: Compensation Judge
 Court of Appeals

See Note on reverse side before drafting.
 PRINT IN INK or TYPE.
 Enter dates in MM/DD/YYYY format.

PLEASE TAKE NOTICE that the following Bill of Actual and Necessary Disbursements with proof of service on you, will be filed in the office of the Workers' Compensation Division, PO Box 64218, St. Paul, Minnesota, 55164-0218, for taxation and allowance in favor of the applicant.

YOU WILL FURTHER TAKE NOTICE that pursuant to the Workers' Compensation Rules you have ten days from the date of service hereof in which to serve and file any objection to said taxation and allowance with admission or proof of service upon the other parties. Unless you request an opportunity to personally appear to oppose said taxation and allowance, the Court of Appeals or Compensation Judge will consider said petition and any objection thereto based solely on the files, records and proceedings herein and will issue an order thereon.

Dated this _____ day of _____ By _____
 _____ Attorney for _____

BILL OF ACTUAL AND NECESSARY DISBURSEMENTS

WITNESS FEES

Name	Residence	Days and Dates	Miles Traveled	AMOUNT
				\$
				\$
				\$
				\$

OTHER DISBURSEMENTS State other disbursements, in detail, giving the facts and circumstances showing the necessity and reasonableness of each item, including expert witness fees, attorney fees, or any unusual disbursements, or support such items by separate affidavits.)

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL DISBURSEMENTS	\$

STATE OF MINNESOTA }
COUNTY OF _____ }

ss.

VERIFICATION

I, _____, being duly sworn, state that I am an attorney representing the prevailing party, _____, in the foregoing matter; that the same is a true and correct statement of the actual and necessary disbursements of _____ in said matter, and that all the items thereof have been actually and necessarily paid or incurred therein by or on behalf of said _____, as more fully appears by additional affidavits hereto attached, marked Exhibits _____ respectively; and that each of the witnesses was a necessary witness for the _____ at the hearing, and each necessarily traveled the number of miles set opposite their name in going from their place of residence to the place of hearing and returning therefrom, and that each necessarily attended the hearing the number of days set opposite their name.

Subscribed and sworn to before me
this _____ day of _____
Notary Public _____
My Commission expires _____

Signature _____

STATE OF MINNESOTA }
COUNTY OF _____ }

ss.

AFFIDAVIT OF SERVICE

I, _____, being first duly sworn, state that on _____, I served a true and correct copy of this document, enclosed in a properly addressed envelope, by depositing the same, with postage prepaid, in the United States mail at _____, Minnesota, addressed as follows:

NAMES AND ADDRESSES

Subscribed and sworn to before me
this _____ day of _____
Notary Public _____
My Commission expires _____

Signature _____

ATTORNEYS PLEASE NOTE

1. When a case has been heard by a compensation judge and no appeal has been taken from the decision within the time allowed by statute, taxation of all disbursements is made by the compensation judge.
2. When a case has been heard by a compensation judge and thereafter appealed to the Workers' Compensation Court of Appeals, taxation of all disbursements is made by the Court of Appeals, including those incurred at the hearing before the compensation judge and the Court of Appeals.
3. The opposing party has ten days from the date of service in which to serve and file, with admission or proof of service, a formal objection to taxation or allowance.
4. If required, a time for hearing before the compensation judge or Court of Appeals will be fixed by the Court of Appeals and notice thereof given to the parties.
5. Pursuant to M.S. § 176.511, reasonable attorney fees may be allowed if not allowed in the award by the Court of Appeals.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.