

Excess Fee Exhibit
(File this in addition to the Statement
of Attorney Fees, if applicable.)



PRINT IN INK or TYPE
ENTER DATES in MM/DD/YYYY FORMAT

DO NOT USE THIS SPACE

WID or SSN	DATE(S) OF CLAIMED INJURY
EMPLOYEE	VS.
EMPLOYER(S)	AND
INSURER(S)	AND

I am the attorney for the employee, and I certify that the following statements are true:

1. The specific legal service(s) performed, the date(s) performed, and the number of hours spent for each service in representing the employee in the employee's workers' compensation claim described in the Statement of Attorney Fees and Costs served on _____ (date) are: Attached to this Exhibit; or As follows:

2. I have the following experience and expertise in workers' compensation matters:

3. The following is a description of the factual and legal issues in dispute:

4. The nature of proof required in this case and the responsibility assumed by me was as follows:

