

ATTORNEY SAMPLE EXAMPLE
201 E WASHINGTON AVE
SUITE C-100
MADISON WI 53703

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US
INJURY DATE: 01/01/98 PLEASE USE WC CLAIM NO.
EMPLOYEE: SIMPLES-SAMPLER, TESTER SAMPLE
EMPLOYER: SAMPLE EMPLOYER
INSURER NO:

The Worker's Compensation Division has been informed that 20 percent of the benefits are being withheld as a potential attorney's fee. If you are claiming an attorney's fee on these benefits, kindly review sec. 102.26, Wis. Stats., and sec. DWD 80.43 of the Wisconsin Administrative Code and then submit to the Division, within 30 days of the date of this letter, your full written explanation why you feel that a fee ought to be approved.

We have little or no information in this case relating to the criteria in sec. DWD 80.43 of the Wisconsin Administrative Code including the very basic question of the nature and extent of any genuine dispute between the injured employee and the employer. Please state what you did to persuade the carrier to change its initial position of resisting the payment of benefits. Where appropriate, please describe the total amount of benefits on which you are claiming a fee. For example, if your claim is on temporary total disability benefits, you ought to list the amount of the TTD benefits and the dates when these benefits were (or are being) paid. If you are only claiming the \$250 minimum, please advise.

Thank you for your assistance and cooperation.

By copy of this letter to the insurance carrier, it is advised that it may continue to temporarily withhold funds as a potential fee.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

GL89 (R. 8/2008)

Copy sent to:
TESTER SAMPLE SIMPLES-SAMPLER
1309 CHERRY AVE
GUADALAHARA MEXICO 00000-0000

TEST INSURER 2
C/O TEST INSURER 2
123 JENNIFER ST
MADISON WI 53703