MOTION FOR AWARD OF FEES AND DISBURSEMENTS

STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-		7. WCB FILE NUMBER:	
2. EMPLOYER NAME:	8. EMPLOYEE LAST NAME:		9. FIRST NAME:	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

18. REASON FOR MOTION: (CHECK ALL THAT APPLY)

☐ AWARD OF ATTORNEY'S FEES AND/OR DISBURSEMENTS (ATTACH ITEMIZED STATEMENT INDICATING DATES COVERED BY THIS MOTION)

☐ AWARD OF WITNESS FEES

☐ OTHER (EXPLAIN) _____

19. AMOUNTS REQUESTED:

ATTORNEY'S FEES: $ _____

DISBURSEMENTS: $ _____

WITNESS FEES: $ _____

OTHER: $ _____

TOTAL: $ _____

20. PAYMENT TO BE MADE TO:

_____
NAME

_____
STREET ADDRESS

_____
CITY, STATE, ZIP

CERTIFICATION AND SIGNATURE (Motion Must Be Signed)

21.

I,_____, hereby certify that I have caused a copy of this motion to be served upon counsel for the employer, (or, if there was no legal representation, directly upon the opposing party) _____
(Name)

at _____, on _____ by United States
(Address) (Date)
mail, postage prepaid.

Signature _____ Date _____

ORDER

22. THE EMPLOYER/INSURER IS ORDERED TO PAY THE PAYEE NAMED ABOVE THE SUM OF $_____ AS FOLLOWS:

$ _____ FOR ATTORNEY'S FEES

$ _____ FOR DISBURSEMENTS

$ _____ FOR WITNESS FEES

$ _____ OTHER PAYMENTS

_____ _____
Administrative Law Judge Date

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711.