

STATE OF OKLAHOMA
STEPHENS COUNTY
REGISTERED OR FILED

2023 SEP 13 AM 11:26

BOOK _____
JENNY MOORE
COUNTY CLERK

BY _____ DEPUTY

CITY/TOWN OF DUNCAN, OKLAHOMA

SINKING FUND SCHEDULES

DATE - SEPTEMBER 12, 2023

AND

SINKING FUND


ESTIMATE OF NEEDS

FOR


FISCAL YEAR ENDING

DATE - DECEMBER 31, 2022

APPROVED BY THE DUNCAN CITY COUNCIL
AT A PUBLIC HEARING HELD ON SEPTEMBER 12, 2023


Robert Armstrong,
Mayor City of Duncan

Attest:


Christina Johnson,
City Clerk



Stephens

MEMORANDUM

TO: MAYOR AND COUNCIL
FROM: KIMBERLY MEEK, CITY MANAGER
DATE: SEPTEMBER 12, 2023

FILED
OCT 05 2023
State Auditor & Inspector

PURPOSE:

TO CONSIDER FOR APPROVAL PLACING THE SUM OF \$67,300.20 ON THE AD VALOREM TAX ROLLS FOR THE PAYMENT OF MUNICIPAL JUDGMENTS FOR FISCAL YEAR 2022.

BACKGROUND:

State Statutes mandate that the Officers of each Municipality levy taxes each year for a Sinking Fund. Judgments against a Municipality are to be paid from the Sinking Fund. Fiscal Year 2022 Judgments against the City of Duncan total \$67,300.20. Ad Valorem taxes are collected by the County, the City must comply with their schedule for submission of the City's Sinking Fund Estimate of Needs; the deadline for submission is September 14, 2023.

RECOMMENDATION:

It is recommended that Mayor and City Council approve the Sinking Fund Estimate of Needs for Fiscal Year 2022.

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SINKING FUND
DATE - DECEMBER 31, 2022

Line
No.

<u>Balance Sheets</u>	<u>New Sinking Fund Detail</u>	<u>Extension</u>	<u>Industrial Development Bonds Detail</u>	<u>Extension</u>
1. Cash Balance (Form SF-2-Line 17)	\$ -0-		\$ _____	
2. Investments (Form SF-4, Col 6)	-0-		_____	
3. _____	_____		_____	
4. _____	_____		_____	
5. _____	_____		_____	
6. Total Assets		\$ -0-		\$ _____
<u>Liabilities</u>				
7. Matured Bonds outstanding (Form SF-3, Col 13)	\$ _____		\$ _____	
8. Accrual on unmatured bonds (Form SF-3, Col 14)	\$ _____		\$ _____	
9. Accrual on final coupons (Form SF-3, Col 19)	_____		_____	
10. Unpaid interest coupon accrued (Form SF-3, Col 25)	_____		_____	
11. Fiscal agency commission on above	_____		_____	
12. Judgments and interest levied	_____		_____	
13. _____	_____		_____	
14. _____	_____		_____	
15. _____	_____		_____	
16. Total		\$ -0-		\$ _____
17. Excess of assets over Liability (Page 4-Line 2)		\$ -0-		\$ _____
<u>Estimate of Sinking Fund Needs - Next Year</u>				
18. Interest required on bonds (Form SF-3, Col 21)	\$ _____		\$ _____	
19. Accrual on bonds (Form SF-3, Col 8)	_____		_____	
20. Accrual on judgments (Form SF-4, Line 13)	_____		_____	
21. Interest accruals on judgments (Form SF-4, Line 14)	_____		_____	
22. Commissions - Fiscal agencies	_____		_____	
23. _____	_____		_____	
24. _____	_____		_____	
25. Total Sinking Fund Provision (To Pg 4 Ln 1 Col 2)				

SINKING FUND
STATEMENT OF CASH ACCOUNTS, DISBURSEMENTS AND BALANCES
For the Fiscal Year Ended - December 31, 2022

Line
No.

	<u>New Sinking Fund Detail</u>	<u>Extension</u>	<u>Industrial Development Bonds Detail</u>	<u>Extension</u>
1. Cash Balance - Beginning of year, _____	\$ -0-		\$ _____	
2. Investments liquidated during year (Form SF4, Col. 3)	-0-		_____	
<u>Receipts and Apportionments</u>				
3. Current year ad valorem tax	_____		_____	
4. Prior year's ad valorem tax	_____		_____	
5. Resale property distribution	_____		_____	
6. _____	_____		_____	
7. _____	_____		_____	
8. _____	_____		_____	
9. Total receipts and apportionments		\$ -0-		\$ _____
10. Balance		\$ -0-		\$ _____
<u>Disbursements</u>				
11. Interest coupons paid (Form SF3, Col. 24)	_____		_____	
12. Bonds paid (Form SF3, Col. 12)	_____		_____	
13. Commission paid fiscal agency	_____		_____	
14. Judgment	_____		_____	
15. Interest paid on judgments	_____		_____	
16. Investments purchased (FormSF4, Co. 2)	_____		_____	
17. _____	_____		_____	
18. _____	_____		_____	
19. _____	_____		_____	
20. Total disbursements		\$ -0-		\$ _____
21. Cash balance - End of Year		\$ -0-		\$ _____
		(To Form SFI, Line 1)		

SINKING FUND
STATEMENT OF INVESTMENTS
 For the Fiscal Year Ended - December 31, 2022

Line
No.

Liquidation of Investments

		Investment on Hand Beginning of Years (1)	Purchases (2)	Collection (3)	Amount of Premium Paid (4)	Barred by Court Order (5)	Investment on Hand End of Year (6)
1.	Municipal Bonds	-0-					-0-
2.	U.S. Bonds and Certificates						
3.	Warrants 20____						
4.	Warrants 20____						
5.	Warrants 20____						
6.							
7.							
8.							
9.	Judgments	-0-	-0-	-0-	-0-	-0-	-0-
10.	Total						
			To Form SF-2, Line 16	To Form SF-2 Line 2			To Form SF-1 Line 2

JUDGMENT INDEBTEDNESS AFFECTING HOMESTEADS

Exhibit SF-5

			Description
1.	In Favor of - David Martin		
2.	By whom owned - City of Duncan		
3.	Purpose of Judgment - Workers Compensation Claim		
4.	Case Number - CM-2019-06419R		
5.	Name of Court - Workers Compensation Court		
6.	Date of Judgment - 05/20/2022		
7.	Principal Amount of Judgment	52,250.00	
8.	Tax Levies Made	-0-	
9.	Principal Amount to be provided for by	52,250.00	
10.	Principal Amount Provide for in	-0-	
11.	Principal Amount not Provided for	52,250.00	
12.	Amount to Provide by Tax Levy Fiscal Year	52,250.00	
12.A	Principal To SF-1, Line 20		
12.B	Interest To SF-2, Line 21		
	TOTAL	52,250.00	
	FOR ONLY THOSE JUDGMENTS HELD BY OWNERS OR ASSIGNS		
13.	Levied for but Unpaid Judgment Obligations Outstanding _____		
13.A	Principal		
13.B	Interest		
	TOTAL		
14.	Judgment Obligations Since Levied For		
14.A	Principal		
14.B	Interest		
	TOTAL		
15.	Judgment Obligations Since Paid		
15.A	Principal		
15.B	Interest		
	TOTAL		
16.	Levied for but Unpaid Judgment Obligations Outstanding _____		
16.A	Principal		
16.B	Interest		
	TOTAL		

JUDGMENT INDEBTEDNESS AFFECTING HOMESTEADS

Exhibit SF-5

		Description	
1.	In Favor of - Cade Roth		
2.	By whom owned - City of Duncan		
3.	Purpose of Judgment - Workers Compensation Claim		
4.	Case Number - CM-2021-04371Y		
5.	Name of Court - Workers Compensation Court		
6.	Date of Judgment - 05/29/2012		
7.	Principal Amount of Judgment	9,625.00	
8.	Tax Levies Made	-0-	
9.	Principal Amount to be provided for by	9,625.00	
10.	Principal Amount Provide for in	-0-	
11.	Principal Amount not Provided for	9,625.00	
12.	Amount to Provide by Tax Levy Fiscal Year	9,625.00	
12.A	Principal To SF-1, Line 20		
12.B	Interest To SF-2, Line 21		
	TOTAL	9,625.00	
	FOR ONLY THOSE JUDGMENTS HELD BY OWNERS OR ASSIGNS		
13.	Levied for but Unpaid Judgment Obligations Outstanding _____		
13.A	Principal		
13.B	Interest		
	TOTAL		
14.	Judgment Obligations Since Levied For		
14.A	Principal		
14.B	Interest		
	TOTAL		
15.	Judgment Obligations Since Paid		
15.A	Principal		
15.B	Interest		
	TOTAL		
16.	Levied for but Unpaid Judgment Obligations Outstanding _____		
16.A	Principal		
16.B	Interest		
	TOTAL		

JUDGMENT INDEBTEDNESS AFFECTING HOMESTEADS

Exhibit SF-5

		Description	
1.	In Favor of - Joshua Billings		
2.	By whom owned - City of Duncan		
3.	Purpose of Judgment - Workers Compensation Claim		
4.	Case Number - CM-2021-01973H		
5.	Name of Court - Workers Compensation Court		
6.	Date of Judgment - 04/06/2019		
7.	Principal Amount of Judgment	3,465.00	
8.	Tax Levies Made	-0-	
9.	Principal Amount to be provided for by	3,465.00	
10.	Principal Amount Provide for in	-0-	
11.	Principal Amount not Provided for	3,465.00	
12.	Amount to Provide by Tax Levy Fiscal Year	3,465.00	
12.A	Principal To SF-1, Line 20		
12.B	Interest To SF-2, Line 21		
	TOTAL	3,465.00	
	FOR ONLY THOSE JUDGMENTS HELD BY OWNERS OR ASSIGNS		
13.	Levied for but Unpaid Judgment Obligations Outstanding _____		
13.A	Principal		
13.B	Interest		
	TOTAL		
14.	Judgment Obligations Since Levied For		
14.A	Principal		
14.B	Interest		
	TOTAL		
15.	Judgment Obligations Sincce Paid		
15.A	Principal		
15.B	Interest		
	TOTAL		
16.	Levied for but Unpaid Judgment Obligations Outstanding _____		
16.A	Principal		
16.B	Interest		
	TOTAL		

Exhibit SF - 6

STATEMENT OF UNEXPENDED BOND PROCEEDS

Purpose of Bond Issue N/A

1. Balance Cash as of June 30, 20____

Add:

2. Proceeds of Bond Sale

3. _____

4. _____

5. Total Available

Deduct:

6. Warrants Paid

7. Reserve for Warrants Outstanding

8. Contracts Pending

9. _____

10. _____

11. TOTAL DEDUCTIONS

12. Unexpended Bond Proceeds
as of June 30, _____

CITY OF DUNCAN, OKLAHOMA

**SINKING FUND
COUNTY EXCISE BOARD APPROPRIATION
OF INCOME AND REVENUES
DECEMBER 31, 2022 ESTIMATE OF NEEDS**

1.	To Finance Approved Budget in Sum of (From Forms SF-1 - Line 25)	<u>\$65,340.00</u>
	Appropriation Other Than 20____ Tax	_____
2.	Excess of Assets Over Liabilities (From Forms SF-1 - Line 17)	_____
3.	Other Deductions - Attach Explanation	_____
4.	Balance Required to Raise (Line 1 Less 2 & 3)	_____
5.	Add <u>3.0</u> % for Delinquent Tax	<u>\$1,960.20</u>
6.	Gross Balance of Requirements Appropriated From <u>2020</u> Ad Valorem Tax	<u>\$67,300.20</u>

CITY OF DUNCAN, COUNTY OF STEPHENS

We certify that the total assessed valuation of the property subject to ad valorem taxes, excluding Homestead Exemptions approved in the municipality as finally equalized and certified by the State Board of Equalization for the current year is as follows:

REAL PROPERTY _____ 125,229,700 _____
PERSONAL PROPERTY _____ 51,532,515 _____
PUBLIC SERVICE PROPERTY _____ 5,479,731 _____
TOTAL _____ \$ 174,578,254 ✓ _____

and that the assessed valuations herein certified have been used in computing the rates of mill levies and the proceeds thereof as aforesaid; and that having ascertained as aforesaid, the aggregate amount to be raised by ad valorem taxation, we thereupon made the levies therefor, as provided by law as follows:

GENERAL FUND _____ Mills, BUILDING FUND _____ Mills
SINKING FUND _____ 0.39 Mills, TOTAL _____ 0.39 ✓ Mills

We do hereby order the above levies to be certified forthwith by the secretary of this board to the County Assessor of said county, in order that the County Assessor may immediately extend said levies upon the tax rolls for the year _____ without regard to any protest that may be filed against any levies, as required by 68 O.S., 1991 § 3014. We further certify that the said appropriation and mill rate levies, as aforesaid, are with the limitation provided by law.

Dated at Duncan, Oklahoma, this 25 day of Sept. 2023.

X [Signature]
MEMBER

X [Signature]
CHAIRMAN, COUNTY EXCISE BOARD

X _____
MEMBER

[Signature]
SECRETARY, COUNTY EXCISE BOARD



Pursuant to *11 O.S. 1991, §17-208*, "The municipal governing body shall hold a public hearing on the proposed budget no later than fifteen (15) days prior to the beginning of the budget year. Notice of date, time and place of hearing, together with the proposed budget summary, shall be published in a newspaper of general circulation in the municipality not less than five (5) days before the date of the hearing."

Please attach proof of publication.

AFFIDAVIT OF PUBLICATION

County of Stephens, State of Oklahoma

The Duncan Banner

PO Box 1268
Duncan, OK 73534
580-255-5354

I, **Crystal Childers**, of lawful age, being duly sworn upon oath, deposes and says that I am the General Manager of The Duncan Banner, a daily publication that is a "legal newspaper" as that phrase is defined in 25 O.S. § 106, as amended to date, for the City of Duncan, for the County of Stephens in the State of Oklahoma. The attachment hereto contains a true and correct copy of what was published in the regular edition of said newspaper, and not in a supplement, in consecutive issues on the following dates:

PUBLICATION DATES:

August 31, 2023

Crystal Childers

Signed and sworn to before me

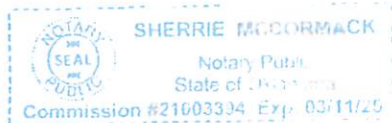
on this 31st day of August, 2023.

Sherrie McCormack
Notary Public

My commission expires: March 11, 2025

Commission # 21003394

PUBLICATION FEE: \$ 50.15



(Published in the Thursday edition of The Duncan Banner, August 31, 2023 - 1 time)

NOTICE BY PUBLICATION

A public hearing will be held on the 12th day of September, 2023 at 5:15 o'clock p.m., to consider approval of the Sinking Fund Estimate of Needs for the Fiscal Year Ending December 31, 2022, for the City of Duncan, Oklahoma. The purpose of said hearing is to consider approval of the Sinking Fund Estimate of Needs and request for levies on ad valorem taxes for judgments owed. The following is a summary of the amount contained in the Sinking Fund, and Appropriation of Income and Estimate of Needs.

Cash Balance in Sinking Fund: \$0.00

Estimate of Sinking Funds Needs: \$65,340.00

Accrual on Judgments:
David Martin v. City of Duncan, Oklahoma Workers Compensation Court, Case No. CM-2019-06419R, \$52,250.00;

Cade Roth v. City of Duncan, Oklahoma Workers Compensation Court, Case No. CM-2021-4371Y, \$9,625.00;
Joshua Billings v. City of Duncan, Oklahoma Workers Compensation Court, Case No. CM-2021-01973H, \$3,465.00;

Delinquent Tax Rate (3%): \$1,960.20
Total: \$67,300.20

The City of Duncan has approved that said sum be collected by the tax levies at the following rate of 0.37 Mills, as approved by the Stephens County Excise Board to be levied on the tax rolls for the year of December 31, 2023 to be used to satisfy said judgments.

You may appear at a public hearing on the 12th day of September, 2023, at 5:15 o'clock p.m., at the City of Duncan, City Council Chambers, located at 18 South 7th Street, in Duncan, Oklahoma, wherein the City will have a hearing on said matter and vote to consider approval said budget and estimate of needs.

David W. Hammond
Hammond & Archer, PLLC
1102 W. Maple
Duncan, Oklahoma
73533
580-252-9033
Telephone
580-252-6251
Facsimile

CC-JOINT PETITION

Send original and 4 copies to the Workers' Compensation Commission

WORKERS' COMPENSATION COMMISSION
 1915 NORTH STILES AVENUE STE 231
 OKLAHOMA CITY, OK 73105

THIS SPACE FOR COMMISSION USE ONLY

ORDER FILED

MAY 20 2022

WORKERS' COMPENSATION COMMISSION

In re Claim of: (Please type or Print ALL information legibly in ink.)

Claimant's Full Name (Injured Employee) David Martin
Injured Employee's Social Security Number (LAST 5 DIGITS ONLY) XXX-X 2-2822
Name of Employer City of Duncan
Employer's Insurance Carrier, Permit # for Individual Self-Insured or Own Risk Group (Uninsured) Own Risk

Commission File Number CM 2019-06419 R
Date of Injury 7-16-2018

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony, punishable by imprisonment, a fine or both.

JOINT PETITION SETTLEMENT

This agreement is prepared and submitted pursuant to the Administrative Workers' Compensation Act, Title 85A of the Oklahoma Statutes. By signing below, each party affirms that they have read and understand its provisions, declares under penalty of perjury that all statements are true and accurate to the best of their knowledge and belief, and understands that the agreement, if approved by the Workers' Compensation Commission, is conclusive, final and binding on all the parties involved.

BY THIS AGREEMENT, the parties settle upon and determine (check one):

ALL ISSUES AND MATTERS IN THE CLAIM
 (Settlement and Resolution of Claim With Full Release)

SOME, BUT NOT ALL, ISSUES AND MATTERS IN THE CLAIM — Attach appendix of all outstanding issues. The appendix is subject to approval by the Workers' Compensation Commission. It MUST accompany the CC-JOINT PETITION, and be dated and signed by all parties under penalty of perjury.

1. It is hereby agreed by and between the above named parties that the claimant alleges to have sustained a compensable accidental injury or occupational disease or illness on or about July 26, 2018 while in the employ of the employer, causing the following injury (describe nature of injury) Neck, Back and Left Shoulder any other known or unknown injuries from the July 16, 2018 accident. The claimant's average weekly wage before the injury entitles the claimant to a compensation rate of \$ _____ for Temporary Total Disability and \$ _____ for Permanent Partial Disability.

2. A claim for compensation was filed by the claimant for the injury, or, if the claimant is not represented by an attorney, a First Report of Injury was filed according to the Commission's rules pertaining to electronic data interchange, or an Employer's First Notice of Injury (CC-Form-2) was filed by the employer for the injury, and the Workers' Compensation Commission has jurisdiction in this matter.

3. This is an agreement in which the claimant agrees to accept \$ 52,250.00 in full and final settlement of all claims for: (describe injury) Neck and Left Shoulder any other known or unknown injuries from the July 16, 2018 accident sustained as a result of the accident referred to above, including any claim by the claimant for past, present and future compensation for temporary total disability, temporary partial disability, permanent partial disability or permanent total disability, statutory medical treatment, physical and vocational rehabilitation benefits, or loss of wage earning capacity, as a result of any and all injuries sustained in the accident. This sum is in addition to any previous amount(s) paid to the claimant, and an amount(s) for authorized, reasonable and necessary medical and rehabilitative expenses previously incurred by the claimant due to the injury. Of said sum, \$ 52,250.00 shall be paid for permanent partial disability (20 %) to Left Shoulder App. 26.22% Neck and \$ _____ shall be paid for _____.

4. The sum of \$ 10,450.00 shall be deducted from this settlement and paid to the claimant's attorney pursuant to the workers' compensation laws of the state

5. For Social Security offset purposes, and if applicable, the claimant agrees to accept and the employer/carrier agrees to pay a lump sum of \$ _____ for permanent impairment that will affect the claimant for the rest of the claimant's life. The claimant's remaining life expectancy is _____ months. Therefore, even though paid in a lump sum, claimant's benefit (after deduction of attorney fees and expenses) shall be considered to be \$ _____ a month for _____ months, beginning _____.

6. The respondent agrees to pay all costs, taxes and assessments, as follows: \$140.00 to the Workers' Compensation Commission prescribed by 85A O.S. § 118, unless previously paid; the Special Occupational Health and Safety Tax prescribed by 40 O.S. § 418(f), representing three-fourths of one percent (0.75%) of the joint petition settlement amount, excluding medical payments and temporary total disability compensation; if a Commission approved OWN RISK employer or group self-insurance association, the Workers' Compensation Fund assessment prescribed by 85A O.S. § 96(2), representing 2% of the joint petition settlement amount pertaining to permanent total disability, permanent partial disability, and death benefits; and, in addition to other amounts, if UNINSURED, a Multiple Injury Trust Fund assessment prescribed by 85A O.S. § 21(A)(6), representing 5% of the joint petition settlement amount. For injuries occurring on or after 7/1/19, CLAIMANT agrees to pay taxes and assessments as follows: Multiple Injury Trust Fund assessment prescribed by 85A O.S. § 31(A)(7)(b), representing three percent (3%) of the joint petition settlement amount attributable to permanent partial disability or permanent total disability, shall be deducted from the settlement amount and paid by the employer.

The following spaces for calculation are for informational purposes only. In the event of any miscalculation entered in these spaces, the statutory amounts set specified in paragraph 6 shall control, and no corrected Joint Petition Settlement form need be re-processed.

OSHA Tax	\$391.88
OWN RISK Tax	\$1,045.00
MITF Tax (Uninsured)	N/A
MITF Tax (Claimant)	N/A

Administrative Workers' Compensation Act, 85A O.S. § 6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment... shall be guilty of a felony."

David Martin
 CLAIMANT NAME — PLEASE PRINT
 185877 Falcon Road, Comanche, OK 73529
 CLAIMANT ADDRESS
 [Signature]
 CLAIMANT — SIGNATURE DATE
 Darren Derryberry 14542
 NAME OF CLAIMANT'S ATTORNEY, If any — PLEASE PRINT OBA#
 [Signature] 5-18-22
 CLAIMANT ATTORNEY — SIGNATURE DATE

City of Duncan
 EMPLOYER NAME — PLEASE PRINT
 Matthew J. Graves 12960
 NAME OF EMPLOYER/CARRIER'S ATTORNEY — PLEASE PRINT OBA#
 Own Risk
 NAME OF EMPLOYER'S CARRIER OR OWN RISK GROUP — PLEASE PRINT
 [Signature] 5/18/22
 EMPLOYER/CARRIER ATTORNEY — SIGNATURE DATE

ORDER APPROVING JOINT PETITION SETTLEMENT: The Workers' Compensation Commission, having reviewed the evidence, files and records in this matter and being fully advised in the premises, approves the above Joint Petition Settlement, including attorney fees, if any, and the attached appendix to the Joint Petition Settlement, if any, which Joint Petition Settlement and appendix are incorporated herein by reference and made a part hereof. If a child support lien were filed in this workers' compensation case, the employer/carrier shall include the name of the person or government agency asserting the lien on any check for temporary total disability, permanent partial disability or permanent total disability. The employer/carrier shall comply with this order within twenty (20) days from the file stamped date of the order. In that event, and if the Joint Petition Settlement determined all issues and matters in the claim, this cause shall be fully and finally closed and resolved, and the Commission divested of further jurisdiction therein.

DONE this 20th day of May 2022

A copy hereof was mailed by United States regular mail on the file stamped date to all attorneys of record and unrepresented parties.

BY ORDER OF

[Signature]
 ADMINISTRATIVE LAW JUDGE

I, Deputy Clerk of the Workers' Compensation Commission, do hereby certify that I have compared the foregoing copy of CC Order with the original now on file in this office, and the same is a full, true and exact copy thereof.

In witness whereof, I have hereunto set my hand and affixed the official seal of this Commission this 24th day of August, 2023

Quanta Mendoza
Deputy Clerk, Oklahoma
Workers' Compensation Commission



CC-JOINT PETITION

Send original and 5 copies to the Workers' Compensation Commission

WORKERS' COMPENSATION COMMISSION
1915 NORTH STILES AVENUE STE 231
OKLAHOMA CITY, OK 73105

THIS SPACE FOR COMMISSION USE ONLY
ORDER FILED
JUL 29 2021
WORKERS' COMPENSATION COMMISSION

Claimant's Full Name (Injured Employee)
Cade Roth
Injured Employee's Social Security Number (LAST 5 DIGITS ONLY)
xxx-x 2-9340
Name of Employer
City of Duncan
Employer's Insurance Carrier, Periodic or Individual Self-Insured or Own Risk Group, Uninsured
Own Risk

Commission File Number
2021-043714
Date of Injury
5/12/20

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony, punishable by imprisonment, a fine or both.

JOINT PETITION SETTLEMENT

This agreement is prepared and submitted pursuant to the Administrative Workers' Compensation Act, Title 85A of the Oklahoma Statutes. By signing below, each party affirms that they have read and understand its provisions, declares under penalty of perjury that all statements are true and accurate to the best of their knowledge and belief, and understands that the agreement, if approved by the Workers' Compensation Commission, is conclusive, final and binding on all the parties involved.

BY THIS AGREEMENT, the parties settle upon and determine (check one):

[X] ALL ISSUES AND MATTERS IN THE CLAIM (Settlement and Resolution of Claim With Full Release)

[] SOME, BUT NOT ALL, ISSUES AND MATTERS IN THE CLAIM - Attach appendix of all outstanding issues. The appendix is subject to approval by the Workers' Compensation Commission. It MUST accompany the CC-JOINT PETITION, and be dated and signed by all parties under penalty of perjury.

1. I, the undersigned, and between the above named parties that the claimant alleges to have sustained a compensable accidental injury or occupational disease or illness on or about May 12, 2020, while in the employ of the employer, causing the following injury (describe nature of injury, date, location and all known and unknown injuries from the May, 12, 2020 accident). The claimant's average weekly wage before the injury entitles the claimant to a compensation rate of \$ for Temporary Total Disability and \$350.00 for Permanent Partial Disability.

2. A claim for compensation was filed by the claimant for the injury, or, if the claimant is not represented by an attorney, a First Report of Injury was filed according to the Commission's rules pertaining to electronic data interchange, or an Employer's First Notice of Injury (CC-Form-2) was filed by the employer for the injury and the Workers' Compensation Commission has jurisdiction in this matter.

3. This binding agreement is upon the claimant agrees to accept \$9,625.00 in full and final settlement of all claims for: (describe injury) Left leg and all known and unknown injuries from the May, 12, 2020 accident sustained as a result of the injury described above, including any claim by the claimant for past, present and future compensation for temporary total disability, temporary partial disability, permanent partial disability, statutory medical treatment, physical and vocational rehabilitation benefits, or loss of wage earning capacity, as a result of any and all injuries sustained in the accident. This sum is in addition to any previous amount(s) paid to the claimant, and any amount(s) for authorized reasonable and necessary medical and rehabilitative expenses previously incurred by the claimant due to the injury. Of said sum, \$9,625.00 shall be paid for permanent partial disability (10%) to left leg and \$ shall be paid for

4. The sum of \$ shall be deducted from this settlement and paid to the claimant's attorney pursuant to the workers' compensation laws of the state.

5. For Social Security, where applicable, the claimant agrees to accept and the employer/carrier agrees to pay a lump sum of \$ for permanent impairment that was affect the claimant for the rest of the claimant's life. The claimant's remaining life expectancy is months. Therefore, even though paid in a lump sum, claimant's benefit (after deduction of attorney fees and expenses) shall be considered to be \$ a month for months beginning

6. The respondent agrees to pay all costs, taxes and assessments, as follows: \$140.00 to the Workers' Compensation Commission pursuant to 85A O.S. § 84(A)(1); the Special Occupational Health and Safety Tax imposed by 40 O.S. § 416(f), representing 2% of the total settlement amount, including medical payments and temporary total disability; the Oklahoma Workers' Compensation Fund assessment imposed by 85A O.S. § 84(B), representing 2% of the total settlement amount payable to permanent total disability; permanent partial disability; and, in addition to other amounts, a UNEMPLOYED - Multiple Injury Trust Fund assessment imposed by 85A O.S. § 84(C)(2), representing 5% of the total settlement amount. For injuries occurring on or after 7/1/19 the CLAIMANT agrees to be liable for assessment on the Multiple Injury Trust Fund assessment imposed by 85A O.S. § 84(C)(2), representing 10% of the total settlement amount. If the claimant is awarded permanent partial disability or temporary total disability, shall be deemed to be a claimant under the Act.

Table with tax calculations: OSHA Tax: 72.19, OWN RISK Tax: 192.50, MTF Tax (Unemployed): N/A, MTF Tax (Claimant): 288.75

Administrative Workers' Compensation Act, 85A O.S. § 84(A)(1): "Any person or entity who makes any material false statement or representation, who withholds and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of (1) obtaining any benefit or payment under the Act..."

Claimant Name: Cade Roth
Address: 8675 NW University Rd, Lawton, OK 73507
Date: 7-26-21
Signature: [Signature]

City of Duncan
Employer Name: Matthew J. Jones
ID: 12960
Name of Employer's Attorney: Own Risk
Signature: [Signature]
Date: 7/28/21

ORDER APPROVING JOINT PETITION SETTLEMENT: The Workers' Compensation Commission, having reviewed the evidence, files and records in this matter, and the proposed settlement, approves the above Joint Petition Settlement, pending attorney fees if any, and the attached appendix to the Joint Petition Settlement, if any, which are hereby incorporated herein by reference and made a part hereof. If a child support lien were filed in this workers' compensation case, the employer/insurer shall be liable to the person or governmental agency asserting the lien for any check or temporary total disability, permanent partial disability or permanent total disability. The employer/insurer shall provide a copy of this order with the lien to the claimant within (20) days from the date of the order. In that event, and if the Joint Petition Settlement determined all liabilities of the employer/insurer to the claimant shall be fully and finally closed and resolved, and the Commission divests of further jurisdiction therein.

I, Deputy Clerk of the Workers' Compensation Commission, do hereby certify that I have compared the foregoing copy of CC JP order with the original now on file in this office, and the same is a full, true and exact copy thereof.

In witness whereof, I have hereunto set my hand and affixed the official seal of this Commission this 24th day of August, 2023

Janita Mendez
Deputy Clerk, Oklahoma
Workers' Compensation Commission



I, Deputy Clerk of the Workers' Compensation Commission, do hereby certify that I have compared the foregoing copy of CL Jorden with the original now on file in this office, and the same is a full, true and exact copy thereof.

In witness whereof, I have hereunto set my hand and affixed the official seal of this Commission this 24th day of August, 2023

Juanita Mendez
Deputy Clerk, Oklahoma
Workers' Compensation Commission

