

Auditor

FILED

OCT 11 2024

CITY/TOWN OF DUNCAN, OKLAHOMA STATE AUDITOR & INSPECTOR

SINKING FUND SCHEDULES

DATE - SEPTEMBER 24, 2024

AND

SINKING FUND

ESTIMATE OF NEEDS

FOR

FISCAL YEAR ENDING

DATE - DECEMBER 31, 2023

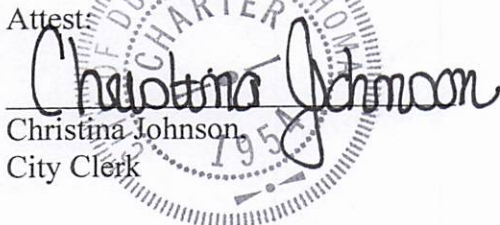
APPROVED BY THE DUNCAN CITY COUNCIL
AT A PUBLIC HEARING HELD ON SEPTEMBER 24, 2024



Robert Armstrong,
Mayor City of Duncan

Attest:

Christina Johnson
City Clerk



Stephens

FILED

STATE ATTORNEY & SHERIFF

James Brown

Christina Johnson

James Brown

INDEX

Cover Page		Actual Page No.
Index		<u>2</u>
Form SF-1	Balance Sheet and Estimate of Sinking Fund Needs	<u>3</u>
Form SF-2	Statement of Cash Accounts, Disbursements and Balance	<u>4</u>
Form SF-3	Detail Status of Bond and Coupon Indebtedness	<u>N/A</u>
Form SF-4	Statement of Investments	<u>5</u>
Form SF-5	Judgment Indebtedness	<u>6-10</u>
Form SF-6	Unexpended Bond Proceeds	<u>11</u>
Form SF-7	Certificate of the Excise Board and Appropriation of Income and Revenues	<u>12-13</u>

SINKING FUND
DATE - DECEMBER 31, 2023

Form SF-1

**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, 2023

Line
No.

**New Sinking
Fund Detail**

Extension

**Industrial
Development
Bonds Detail**

Extension

1. Cash Balance - Beginning of year, _____

\$ -0-

\$ _____

2. Investments liquidated during year (Form SF4, Col. 3)

-0-

Receipts and Apportionments

3. Current year ad valorem tax

65,737.75

4. Prior year's ad valorem tax

231.30

5. Resale property distribution

6. _____

7. _____

8. _____

9. Total receipts and apportionments

65,969.05

\$ -0-

\$ _____

10. Balance

\$ -0-

\$ _____

Disbursements

11. Interest coupons paid (Form SF3, Col. 24)

12. Bonds paid (Form SF3, Col. 12)

13. Commission paid fiscal agency

14. Judgment

15,225.44

15. Interest paid on judgments

16. Investments purchased (Form SF4, Co. 2)

17. _____

18. _____

19. _____

20. Total disbursements

\$ -0-

\$ _____

21. Cash balance - End of Year

\$ -0-

\$ _____

(To Form SF1, Line 1)

SINKING FUND
STATEMENT OF INVESTMENTS
For the Fiscal Year Ended - December 31, 2023

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 - Robert Loafman		
2.	By whom owned - City of Duncan		
3.	Purpose of Judgment - Workers Compensation Claim		
4.	Commission File Number - 2024-03057L		
5.	Name of Court - Workers Compensation Commission		
6.	Date of Judgment - 09/21/2023		
7.	Principal Amount of Judgment	7,920.00	
8.	Tax Levies Made	-0-	
9.	Principal Amount to be provided for by	7,920.00	
10.	Principal Amount Provide for in	-0-	
11.	Principal Amount not Provided for	7,920.00	
12.	Amount to Provide by Tax Levy Fiscal Year	7,920.00	
12.A	Principal To SF-1, Line 20		
12.B	Interest To SF-2, Line 21		
	TOTAL	7,920.00	
	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		

CC-JOINT PETITION

Send original and 1 copy to the Workers' Compensation Commission

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

THIS SPACE FOR COMMISSION USE ONLY

ORDER FILED
JUN 05 2024
WORKERS'
COMPENSATION COMMISSION

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

Claimant's Full Name (Injured Employee) Robert Loafman
Injured Employee's Social Security Number (LAST 5 DIGITS ONLY) XXX-X 0-8314
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 2024-03057L
Date of Injury 9/21/23

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 September 21, 2023, while in the employ of the employer, causing the following injury (describe nature of injury) right leg and all known and unknown injuries arising from the September 21, 2023 accident. The claimant's average weekly wage before the injury entitles the claimant to a compensation rate of \$ 986.86 for Temporary Total Disability and \$ 360.00 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 is an agreement in which the claimant agrees to accept \$ 7,920.00 in full and final settlement of all claims for: (describe injury) right leg and all known and unknown injuries arising from the September 21, 2023 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 any amount(s) for authorized, reasonable and necessary medical and rehabilitative expenses previously incurred by the claimant due to the injury. Of said sum, \$ 7,920.00 shall be paid for permanent partial disability (8 %) to right leg and \$ _____ shall be paid for _____.

4. The sum of \$ N/A 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(1), 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. § 98(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. § 31(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: \$59.40
OWN RISK Tax: \$158.40
MITF Tax (Uninsured): N/A
MITF Tax (Claimant): \$237.60

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."

Robert Loafman	
CLAIMANT NAME — PLEASE PRINT	
179612 Ledford Ln. Comanche, OK 73529	
CLAIMANT ADDRESS	
Robert D. Loafman	06/04/2024
CLAIMANT—SIGNATURE	DATE
N/A	
NAME OF CLAIMANT ATTORNEY, if any — PLEASE PRINT	OBA #
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	
Matt Graves	06/04/2024
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 _____ day of _____.

Reponer's Initials: _____ A copy hereof was mailed by United States regular mail on this file-stamped date to all attorneys of record and unrepresented parties.

BY ORDER OF

A. Jane Curtis
ADMINISTRATIVE LAW JUDGE

Revised 11/1/2021

I, Deputy Clerk of the Workers' Compensation
Commission, do hereby certify that I have compared
the foregoing copy of CC 38 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 19th
day of September, 2024

Juanita Mendez
Deputy Clerk, Oklahoma
Workers' Compensation Commission



JUDGMENT INDEBTEDNESS AFFECTING HOMESTEADS

Exhibit SF-5

		Description	
1.	In Favor of - Robert D. Loafman		
2.	By whom owned - City of Duncan		
3.	Purpose of Judgment - Workers Compensation Claim		
4.	Commission File Number - 2024-01226T		
5.	Name of Court - Workers Compensation Commission		
6.	Date of Judgment - 04/29/2022		
7.	Principal Amount of Judgment	16,087.08	
8.	Tax Levies Made	-0-	
9.	Principal Amount to be provided for by	16,087.08	
10.	Principal Amount Provide for in	-0-	
11.	Principal Amount not Provided for	16,087.08	
12.	Amount to Provide by Tax Levy Fiscal Year	16,087.08	
12.A	Principal To SF-1, Line 20		
12.B	Interest To SF-2, Line 21		
	TOTAL	16,087.08	
	FOR ONLY THOSE JUDGMENTS HELD BY OWNERS OR ASSIGNS		
13.	Levied for but Unpaid Judement 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		

CC-JOINT PETITION

Send original and 1 copy to the Workers' Compensation Commission

WORKERS' COMPENSATION COMMISSION

1915 NORTH STILES AVENUE

OKLAHOMA CITY, OK 73105

THIS SPACE FOR COMMISSION USE ONLY

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

Claimant's Full Name (Injured Employee) Robert D. Loafman
Injured Employee's Social Security Number (LAST 5 DIGITS ONLY) XXX-X 0-8314
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 2024-01226T
Date of Injury 4/29/22

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

ORDER FILED
MAR 05 2024
WORKERS' COMPENSATION COMMISSION

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 April 29, 2022, while in the employ of the employer, causing the following injury (describe nature of injury) right shoulder/pectoralis and all known and unknown injuries arising from the April 29, 2022 accident. The claimant's average weekly wage before the injury entitles the claimant to a compensation rate of \$ 953.18 for Temporary Total Disability and \$ 360.00 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 is an agreement in which the claimant agrees to accept \$ 16,087.08 in full and final settlement of all claims for: (describe injury) right shoulder/pectoralis and all known and unknown injuries arising from the April 29, 2022 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 any amount(s) for authorized, reasonable and necessary medical and rehabilitative expenses previously incurred by the claimant due to the injury. Of said sum, \$ 10,368.00 shall be paid for permanent partial disability (8 %) to right shoulder/pectoralis and \$ 5,719.08 shall be paid for hernia (6 weeks per statute).

4. The sum of \$ N/A 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(1), 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. § 98(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. § 31(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: 77.76

OWN RISK Tax: 207.36

MITF Tax (Uninsured): N/A

MITF Tax (Claimant): \$311.04

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."

Robert D. Loafman

CLAIMANT NAME — PLEASE PRINT

179612 Ledford Ln Comanche, OK 73529

CLAIMANT ADDRESS

Robert D. Loafman

CLAIMANT—SIGNATURE

N/A

NAME OF CLAIMANT ATTORNEY, if any — PLEASE PRINT

CLAIMANT ATTORNEY — SIGNATURE

DATE

City of Duncan

EMPLOYER NAME — PLEASE PRINT

Matthew J. Graves

NAME OF EMPLOYER/CARRIER'S ATTORNEY — PLEASE PRINT

Own Risk

NAME OF EMPLOYER'S CARRIER OR OWN RISK GROUP — PLEASE PRINT

Matt Graves

EMPLOYER/CARRIER ATTORNEY — SIGNATURE

03/04/2024

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 5 day of March, 2024.

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

BY ORDER OF

ADMINISTRATIVE LAW JUDGE

Revised 11/1/2021

I, Deputy Clerk of the Workers' Compensation Commission, do hereby certify that I have compared

the foregoing copy of CC JT order
with the original now on file in this office, and

In witness whereof, I have hereunto set my hand and

affixed the official seal of this Commission this 19th day of September 2024

day of 20th month of October 2021
Guanta Mendoza

Deputy Clerk, Oklahoma
Workers' Compensation Commission

SEAL

NO. 122

WORLD

OKLAHOMA

10. The undersigned hereby certifies that the above information is true and correct to the best of his knowledge and belief, and that he is not aware of any other information that would materially affect the accuracy of the above information.

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 19th
day of September, 2024

Deputy Clerk, Oklahoma
Workers' Compensation Commission



JUDGMENT INDEBTEDNESS AFFECTING HOMESTEADS

Exhibit SF-5

Description

1.	In Favor of - Donyal Petties		
2.	By whom owned - City of Duncan		
3.	Purpose of Judgment - Workers Compensation Claim		
4.	Commission File Number - 2022-06274K		
5.	Name of Court - Workers Compensation Commission		
6.	Date of Judgment - 09/14/2022		
7.	Principal Amount of Judgment	28,512.00	
8.	Tax Levies Made	-0-	
9.	Principal Amount to be provided for by	28,512.00	
10.	Principal Amount Provide for in	-0-	
11.	Principal Amount not Provided for	28,512.00	
12.	Amount to Provide by Tax Levy Fiscal Year	28,512.00	
12.A	Principal To SF-1, Line 20		
12.B	Interest To SF-2, Line 21		
	TOTAL	28,512.00	
	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		

JCN#

CC-JOINT PETITION

Send original and 6 copies to the Workers' Compensation Commission

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

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

Claimant's Full Name (Injured Employee)	Commission File Number
Donyal Petties	2022-06274K
Injured Employee's Social Security Number (LAST 5 DIGITS ONLY)	Date of Injury
xxx-x 4-8456	9/14/23 9-14-22
Name of Employer	Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony, punishable by imprisonment, a fine or both.
City of Duncan	
Employer's Insurance Carrier, Permit # for Individual Self-Insured or Own Risk Group, Uninsured	
Own Risk	

Commission File Number
2022-06274K
Date of Injury
9/14/23 9-14-22

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

THIS SPACE FOR COMMISSION USE ONLY

ORDER FILED

SEP 26 2023

WORKERS' COMPENSATION COMMISSION

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 September 14, 2022, while in the employ of the employer, causing the following injury (describe nature of injury) head, right shoulder, right leg and all know and unknown injuries arising from the September 14, 2022 accident. The claimant's average weekly wage before the injury entitles the claimant to a compensation rate of \$431.56 for Temporary Total Disability and \$360.00 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 is an agreement in which the claimant agrees to accept \$28,512.00 in full and final settlement of all claims for: (describe injury) head, right shoulder, right leg and all know and unknown injuries arising from the September 14, 2022 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 any amount(s) for authorized, reasonable and necessary medical and rehabilitative expenses previously incurred by the claimant due to the injury. Of said sum, \$26,012.00 shall be paid for permanent partial disability (12%) to head; 8.07% right shoulder. and \$2,500.00 shall be paid for Bonus.

4. The sum of \$5,702.40 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(1), 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. § 98(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. § 31(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: \$213.84
OWN RISK Tax: \$520.24
MITF Tax (Uninsured): N/A
MITF Tax (Claimant): \$780.36

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."

CLAIMANT NAME — PLEASE PRINT	City of Duncan
205 E. EIM Ave. Duncan, OK 73533	EMPLOYER NAME — PLEASE PRINT
CLAIMANT ADDRESS	Matthew J. Graves
CLAIMANT SIGNATURE	12960
Joey Chlaf	NAME OF EMPLOYER/CARRIER'S ATTORNEY — PLEASE PRINT
NAME OF CLAIMANT ATTORNEY, if any — PLEASE PRINT	Corporation Mutual Ins. Co.
CLAIMANT SIGNATURE	NAME OF EMPLOYER/CARRIER OR OWN RISK GROUP — PLEASE PRINT
9-25-23	9/26/23
DATE	DATE

City of Duncan	EMPLOYER NAME — PLEASE PRINT
Matthew J. Graves	12960
NAME OF EMPLOYER/CARRIER'S ATTORNEY — PLEASE PRINT	OBA#
Corporation Mutual Ins. Co.	
NAME OF EMPLOYER/CARRIER OR OWN RISK GROUP — PLEASE PRINT	
9/26/23	DATE

ORDER APPROVING JOINT PETITION SETTLEMENT: The Workers' Compensation Commission, having reviewed the evidence, files and records in this matter and being duly 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 26 day of September 2023

Respondent's Initials

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

BY ORDER OF

ADMINISTRATIVE LAW JUDGE

Revised 1/1/2021

FILED
SEP 28 1924
OKLAHOMA
WORKERS' COMPENSATION COMMISSION

FILED
SEP 28 1924
OKLAHOMA
WORKERS' COMPENSATION COMMISSION

FILED
SEP 28 1924
OKLAHOMA
WORKERS' COMPENSATION COMMISSION

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 19th day of September, 2024

Guadalupe Mendez
Deputy Clerk, Oklahoma
Workers' Compensation Commission



JUDGMENT INDEBTEDNESS AFFECTING HOMESTEADS

Exhibit SF-5

		Description	
1.	In Favor of - Ronald Corcoran		
2.	By whom owned - City of Duncan		
3.	Purpose of Judgment - Workers Compensation Claim		
4.	Commission File Number - CM3-2023-01458F		
5.	Name of Court - Workers Compensation Commission		
6.	Date of Judgment - 07/12/2022		
7.	Principal Amount of Judgment	8,000.00	
8.	Tax Levies Made	-0-	
9.	Principal Amount to be provided for by	8,000.00	
10.	Principal Amount Provide for in	-0-	
11.	Principal Amount not Provided for	8,000.00	
12.	Amount to Provide by Tax Levy Fiscal Year	8,000.00	
12.A	Principal To SF-1, Line 20		
12.B	Interest To SF-2, Line 21		
	TOTAL	8,000.00	
	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		

CC-JOINT PETITION

Send original and 1 copy to the Workers' Compensation Commission

WORKERS' COMPENSATION COMMISSION

1915 NORTH STILES AVENUE
OKLAHOMA CITY, OK 73105

THIS SPACE FOR COMMISSION USE ONLY

ORDER FILED

DEC 22 2023

WORKERS'
COMPENSATION COMMISSION

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

Claimant's Full Name (Injured Employee) Ronald Corcoran
Injured Employee's Social Security Number (LAST 5 DIGITS ONLY) XXX-X 4-7091
Name of Employer City of Duncan
Employer's Insurance Carrier, Permit # for Individual Self-Insured or Own Risk Group, Uninsured City of Duncan

Commission File Number
CM3-2023-01458F

Date of Injury
7/12/22

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 12, 2022, while in the employ of the employer, causing the following injury (describe nature of injury) right thumb only right wrist/hand denied. The claimant's average weekly wage before the injury entitles the claimant to a compensation rate of \$ 876.63 for Temporary Total Disability and \$ 360.00 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 is an agreement in which the claimant agrees to accept \$ 8,000.00 in full and final settlement of all claims for: (describe injury) right thumb only right wrist/hand denied 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 any amount(s) for authorized, reasonable and necessary medical and rehabilitative expenses previously incurred by the claimant due to the injury. Of said sum, \$ 8,000.00 shall be paid for permanent partial disability (33.67 %) to right thumb and \$ shall be paid for .

4. The sum of \$ 1,600.00 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(1), 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. § 98(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. § 31(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: \$60.00

OWN RISK Tax: \$160.00

MITF Tax (Uninsured): N/A

MITF Tax (Claimant): \$240.00

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."

Ronald Corcoran

CLAIMANT NAME — PLEASE PRINT

5401 E York Rd. Marlow, OK 73055

CLAIMANT ADDRESS

CLAIMANT SIGNATURE

Brandon Link

NAME OF CLAIMANT ATTORNEY, if any — PLEASE PRINT

CLAIMANT ATTORNEY SIGNATURE

DATE

12/20/2023

30628

OBA #

12/20/2023

City of Duncan

EMPLOYER NAME — PLEASE PRINT

Matthew J. Graves

12960

NAME OF EMPLOYER/CARRIER'S ATTORNEY — PLEASE PRINT

OBA#

CompSource Mutual Ins. Co.

NAME OF EMPLOYER'S CARRIER OR OWN RISK GROUP — PLEASE PRINT

12/21/23

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 22nd day of December, 2023

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

BY ORDER OF

ADMINISTRATIVE LAW JUDGE

Revised 11/1/2021

ORDER FILED
DEC 15 1972
WORKERS' COMPENSATION COMMISSION

FILE NO.	
DATE	
TIME	
CLERK	
DEPUTY CLERK	
RECEIVED	
CITY OF OKLAHOMA	

I, Deputy Clerk of the Workers' Compensation Commission, do hereby certify that I have compared the foregoing copy of cc 38 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 19th day of September, 2024

Guante M. endy
Deputy Clerk, Oklahoma
Workers' Compensation Commission



JUDGMENT INDEBTEDNESS AFFECTING HOMESTEADS

Exhibit SF-5

		Description	
1.	In Favor of - Edward Rodrigues		
2.	By whom owned - City of Duncan		
3.	Purpose of Judgment - Workers Compensation Claim		
4.	Commission File Number - CM3-2021-04159F		
5.	Name of Court - Workers Compensation Commission		
6.	Date of Judgment - 04/26/2021		
7.	Principal Amount of Judgment	12,600.00	
8.	Tax Levies Made	-0-	
9.	Principal Amount to be provided for by	12,600.00	
10.	Principal Amount Provide for in	-0-	
11.	Principal Amount not Provided for	12,600.00	
12.	Amount to Provide by Tax Levy Fiscal Year	12,600.00	
12.A	Principal To SF-1, Line 20		
12.B	Interest To SF-2, Line 21		
	TOTAL	12,600.00	
	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		

JCN#

CC-JOINT PETITION

Send original and 6 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

JAN 25 2023

WORKERS'
COMPENSATION COMMISSION

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

Claimant's Full Name (Injured Employee)

Edward Rodrigues

Injured Employee's Social Security Number (LAST 5 DIGITS ONLY)

XXX-X 9-3036

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

CM3-2021-04159F

Date of Injury

4-26-2021

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 April 26, 2021, while in the employ of the employer, causing the following injury (describe nature of injury) Head, Neck and any other known or unknown injuries from the April 26, 2021 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 is an agreement in which the claimant agrees to accept \$12,600.00 in full and final settlement of all claims for: (describe injury) Head, Neck and any other known or unknown injuries from the April 26, 2021 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 any amount(s) for authorized, reasonable and necessary medical and rehabilitative expenses previously incurred by the claimant due to the injury. Of said sum, \$12,600.00 shall be paid for permanent partial disability (4%) to Head: 6% to Neck and \$_____ shall be paid for _____.

4. The sum of \$2,520.00 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(1), 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. § 95(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. § 31(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: \$94.50

OWN RISK Tax: \$252.00

MITF Tax (Uninsured): N/A

MITF Tax (Claimant): \$378.00

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."

Edward Rodrigues

CLAIMANT NAME — PLEASE PRINT

1801 Windsor Dr., Duncan, OK 73533

CLAIMANT ADDRESS

CLAIMANT SIGNATURE

Brandon Link

NAME OF CLAIMANT ATTORNEY, if any — PLEASE PRINT

CLAIMANT ATTORNEY SIGNATURE

DATE

1/23/2023

30628

OBA#

1/23/2023

DATE

City of Duncan

EMPLOYER NAME — PLEASE PRINT

Matthew J. Graves

12960

NAME OF EMPLOYER/CARRIER'S ATTORNEY — PLEASE PRINT

OBA#

CompSource Mutual Ins. Co.

NAME OF EMPLOYER/CARRIER OR OWN RISK GROUP — PLEASE PRINT

1/25/23

EMPLOYER/CARRIER OR OWN RISK GROUP 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 _____ day of _____

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

BY ORDER OF

ADMINISTRATIVE LAW JUDGE

Revised 1/1/2021

ORDER FILED
JUL 17 1978
WORKERS' COMPENSATION COMMISSION

WORKERS' COMPENSATION COMMISSION
1915 NORTH STATE AVENUE, SUITE 201
OKLAHOMA CITY, OKLAHOMA 73104

FILE NO. _____
CASE NO. _____
DATE OF ORDER _____
NAME OF PARTY _____
NAME OF ATTORNEY _____
NAME OF WITNESS _____

I, Deputy Clerk of the Workers' Compensation
Commission, do hereby certify that I have compared
the foregoing copy of CCJ 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 19th
day of September, 2 024

Junita M. Eubanks
Deputy Clerk, Oklahoma
Workers' Compensation Commission



FORM JP-APPENDIX

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

THIS SPACE FOR COMMISSION USE ONLY

ORDER FILED

JAN 25 2023

WORKERS'
COMPENSATION COMMISSION

JOINT PETITION SETTLEMENT APPENDIX

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

Full Name of Injured Employee Edward Rodrigues
Injured Employee's Social Security Number (LAST 5 DIGITS ONLY) xxx-x 3036
Name of Employer City of Duncan
Employer's Insurance Carrier, Permit # for Commission Approved Individual Self-Insured or Own Risk Group, Uninsured OWN Risk

Commission File Number
CM3-2021-04159FDate of Injury
4/26/21

Use and attach to a CC-Joint Petition ONLY IF the Joint Petition Settlement seeks to settle and determine SOME, BUT NOT ALL, issues and matters in the claim. Identify the outstanding issues that are subject to the Commission's continuing jurisdiction. NOTE: The original and five (5) copies of the Joint Petition Settlement with Appendix attached are required when the settlement order is submitted to the Workers' Compensation Commission for filing.

1) Full, Final and Complete settlement of all indemnity benefits to include TTD, TPD, PPI, PPD, PTD, mileage, and vocational training past, present and future

2) Claimant retains the right to reopen his claim to his head and neck only, as provided by law and according to the statutory benefits and time limitations

for his April 26, 2021 Injury, as set forth in Title 85A, Oklahoma Statutes.

By signing below, each party affirms that they have read and understand the provisions of this JOINT PETITION SETTLEMENT APPENDIX, declares under penalty of perjury that all statements are true and accurate to the best of their knowledge and belief, and understands that the Joint Petition Settlement Appendix, if approved by the Workers' Compensation Commission, is conclusive, final and binding on all parties involved.

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."

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

Edward Rodrigues

Name of Claimant

Signature of Claimant
1801 Windsor Dr. Duncan, OK 73533

Address of Claimant

Brandon Link

Type or Print Name of Claimant's Attorney, if any

DATE

30628

OBA#

City of Duncan

Name of Respondent

Own Risk

Name of Insurance Carrier or Own Risk Group

Matthew

Type or Print Name of Respondent/Insurer Attorney

12960

OBA#

X

Signature of Respondent/Insurer Attorney

1/25/23

DATE

the same is a full, true and exact copy thereof.

Deputy Clerk, Oklahoma
Workers' Compensation Commission



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, 2023 ESTIMATE OF NEEDS**

1.	To Finance Approved Budget in Sum of (From Forms SF-1 - Line 25)	<u>\$73,119.08</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>\$2,193.57</u>
6.	Gross Balance of Requirements Appropriated From <u>2023</u> Ad Valorem Tax	<u>\$75,312.65</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 _____ \$125,634,972
PERSONAL PROPERTY _____ \$59,994,021
PUBLIC SERVICE PROPERTY _____ \$5,095,130
TOTAL _____ \$190,724,123 ✓

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 _____ .38337 Mills, TOTAL _____ .38337 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 4 day of October 2024.

✓ Karl Sperry
MEMBER

✓ Samuel DeLoe
MEMBER

✓ A.J. Hutton
CHAIRMAN, COUNTY EXCISE BOARD

Jenny Moore
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

P.O. 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 Publisher 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:

September 19, 2024

Crystal Childers

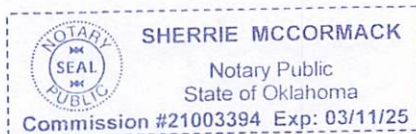
Signed and sworn to before me
on this 19th day of September, 2024.

Sherrie McCormack

Notary Public

My commission expires: March 11, 2025.

Commission # 21003394.



PUBLICATION FEE: \$ 51.40

(Published in the Thursday edition of The Duncan Banner, September 19, 2024 - 1 time)

NOTICE BY PUBLICATION

A public hearing will be held on the 24th day of September, 2024 at 5:15 o'clock p.m., to consider approval of the Sinking Fund Estimate of Needs for the Fiscal Year Ending December 31, 2023, 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: \$73,119.08
Accrual on judgments:

Robert Loafman v. City of Duncan, Oklahoma
Workers Compensation Court, Commission File No. 2024-03057L,
\$7,920.00;

Robert D. Loafman v. City of Duncan, Oklahoma
Workers Compensation Court, Commission File No. 2024-01226T,
\$16,087.08;

Donyal Petties v. City of Duncan, Oklahoma
Workers Compensation Court, Commission File No. 2022-06274K,
\$28,512.00;

Ronald Cocorran v. City of Duncan, Oklahoma
Workers Compensation Court, Commission File No. CM3-2023- 01458F,
\$8,000.00;

Edward Rodrigues v. City of Duncan, Oklahoma
Workers Compensation Court, Commission File No. CM3-2021- 04159F, \$12,600.00.

Delinquent Tax Rate

(3%): \$2,193.57

Total: \$75,312.65

The City of Duncan has approved that said sum be collected by the tax levies at the following rate of .38337 Mills, as approved by the Stephens County Excise Board to be levied on the tax rolls for the year of December 31, 2024 to be used to satisfy said judgments.

You may appear at a public hearing on the 24th day of September, 2024, 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.

/s/ Jeffery K. Archer
Jeffery K. Archer,
OBA#16105

Hammond&Archer,
PLLC

1102 W. Maple
Duncan, Oklahoma
73533

580-252-9033 -

Telephone

580-252-6251 - Facsimile
Attorney for the City of
Duncan