

ILLINOIS WORKERS' COMPENSATION COMMISSION
SETTLEMENT CONTRACT LUMP SUM PETITION AND ORDER

ATTENTION. Please type or print. Answer all questions. File four copies of this form. Attach a recent medical report.

Workers' Compensation Act Occupational Diseases Act Fatal case? No Yes Date of death

John Halgren
Employee/Petitioner

Case # **10 WC 36015**

v.

City of Naperville
Employer/Respondent

Setting **Wheaton**

To resolve this dispute regarding the benefits due the petitioner under the Illinois Workers' Compensation or Occupational Diseases Act, we offer the following statements. We understand these statements are not binding if this contract is not approved.

John Halgren
Employee's name

3561 Carlson Road, Garden Prairie, IL 61038
Street address City, State, Zip code

City of Naperville
Employer's name

400 South Eagle, Naperville, IL 60566
Street address City, State, Zip code

State Employee? Yes No

Male Female

Married Single

Dependents under age 18 3

Birthdate 5/30/74

Average weekly wage \$1,809.63

Date of accident 6/11/07

How did the accident occur? Exposure (disputed)

What part of the body was affected? Person as a whole.

What is the nature of the injury? Leukemia.

The employer was notified of the accident orally in writing .

Return-to-work date 01/24/2008

Location of accident Naperville, IL Did the employee return to his or her regular job? Yes No

If not, explain below and describe the type of work the employee is doing, the wage earned, and the current employer's name and address.

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for -0- weeks at the rate of \$1,206.42/week.

The employee was temporarily totally disabled from 06/12/2007 through 01/23/2008 (disputed, see terms)

MEDICAL EXPENSES: The employer has has not paid all medical bills. List unpaid bills in the space below.

PREVIOUS AGREEMENTS: Before the petitioner signed an *Attorney Representation Agreement*, the respondent or its agent offered in writing to pay the petitioner \$ 0 as compensation for the permanent disability caused by this injury.

An arbitrator or commissioner of the Commission previously made an award on this case on N/A regarding

TTD \$ 0 Permanent disability \$ 0 Medical expenses \$ 0 Other \$ 0

TERMS OF SETTLEMENT: Attach a recent medical report signed by the physician who examined or treated the employee.

SEE ATTACHED RIDER WHICH BECOMES PART OF THIS SETTLEMENT CONTRACT

Total amount of settlement	<u>\$ 112,583.94</u>
Deduction: Attorney's fees	<u>\$ 22,516.78</u>
Deduction: Medical reports, X-rays	<u>\$ 1,640.72</u>
Deduction: Other (explain)	<u>\$ _____</u>
Amount employee will receive	<u>\$ 88,426.44</u>

PETITIONER'S SIGNATURE. *Attention, petitioner. Do not sign this contract unless you understand all of the following statements.*
I have read this document, understand its terms, and sign this contract voluntarily. I believe it is in my best interests for the Commission to approve this contract. I understand that I can present this settlement contract to the Commission in person. I understand that by signing this contract, I am giving up the following rights:

1. My right to a trial before an arbitrator;
2. My right to appeal the arbitrator's decision to the Commission;
3. My right to any further medical treatment, at the employer's expense, for the results of this injury;
4. My right to any additional benefits if my condition worsens as a result of this injury.

_____ Signature of petitioner	<u>John Hलगren</u> Name of petitioner (please print)	_____ Telephone number	_____ Date
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PETITIONER'S ATTORNEY. I attest that any fee petitions on file with the IWCC have been resolved. Based on the information reasonably available to me, I recommend this settlement contract be approved.

_____ Signature of attorney	<u>October 26, 2017</u> Date
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Michael F. Doerries
Attorney's name and IC code # or agent (please print)
Wiedner & McAuliffe, Ltd. (560)
Firm name
One North Franklin, Suite 1900
Street address
Chicago, IL 60606
City, State, Zip code
(312) 855-1105 mfdorries@wmlaw.com
Telephone number E-mail address

RESPONDENT'S ATTORNEY. The respondent agrees to this settlement and will pay the benefits to the petitioner or the petitioner's attorney, according to the terms of this contract, promptly after receiving a copy of the approved contract.

_____ Signature of attorney or agent	<u>_____</u> Date
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Kirsten Foley
Attorney's name and IC code # or agent (please print)
City of Naperville
Firm name
400 South Eagle Street, P.O. Box 3020
Street address
Naperville, IL 60566-7020
City, State, Zip code
630 305-5280 foleyk@naperville.il.us
Telephone number E-mail address
Employer's Claim Service
Name of respondent's insurance or service company (please print)

ORDER OF ARBITRATOR OR COMMISSIONER:
Having carefully reviewed the terms of this contract, in accordance with Section 9 of the Act, by my stamp I hereby approve this contract, order the respondent to promptly pay in a lump sum the total amount of settlement stated above, and dismiss this case.
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