

**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 \_\_\_\_\_

**Michael W. Hull**  
Employee/Petitioner

Case # **19** WC **13925**

**Arbitrator Ory**

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.

**Michael W. Hull**  
Employee's name

**626 Charlotte Lane, Oswego, Illinois 60543**  
Street address City, State, Zip code

**City of Naperville**  
Employer's name

**400 S. Eagle St. Naperville, IL 60540**  
Street address City, State, Zip code

Employee's Social Security # \_\_\_\_\_

Male ☒ Female ☐

Married ☒ Single ☐

# Dependents under age 18 **2**

Birthdate **7/22/63**

Average weekly wage \$ **1,609.88**

Date of accident **2/18/19**

How did the accident occur? **Petitioner was injured while attempting to apprehend an intoxicated person**

What part of the body was affected? **Right shoulder**

What is the nature of the injury? **rotator cuff tear, labral tear and bicep injury requiring surgery**

The employer was notified of the accident orally ☒ in writing ☒ . Return-to-work date \_\_\_\_\_

Location of accident **Naperville, Illinois** 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 \$ **0**/week.

The employee was temporarily totally disabled from \_\_\_\_\_ through \_\_\_\_\_

**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 THE ATTACHED RIDER FOR THE TERMS OF SETTLEMENT**

Total amount of settlement           \$ **61,040.25**  
Deduction: Attorney's fees           \$ **12,208.00**  
Deduction: Medical reports, X-rays   \$ \_\_\_\_\_  
Deduction: Other (explain)           \$ \_\_\_\_\_  
Amount employee will receive       \$ **48,832.25**

**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

\_\_\_\_\_  
Name of petitioner (please print)

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

**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

\_\_\_\_\_  
Date

**John J. Driscoll 4687**

Attorney's name and IC code # (please print)

**Driscoll Law Offices**

Firm name

**1770 Park Street Suite 205**

Street address

**Naperville IL 60563**

City, State, Zip code

**630 548-6600**

**idriscoll@driscolllawoffices.com**

Telephone number

\_\_\_\_\_  
E-mail address

**RESPONDENT'S ATTORNEY.** I attest that any fee petitions on file with the IWCC have been resolved. 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

\_\_\_\_\_  
Date

**Kristen Foley 5487**

Attorney's name and IC code # or agent (please print)

**City of Naperville**

Firm name

**400 S. Eagle**

Street address

**Naperville IL**

City, State, Zip code

**630/305-5280**

**foleyk@naperville.il.org**

Telephone number

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
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.