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June 21, 2016

Via Email

Amanda Martin
City of Broken Arrow
220 S. First St.
Broken Arrow, OK 74012

**ORDER
ATTACHED**

Re: *Gina Orey vs. City of Broken Arrow*
SSN xxx-xx-0157
WCC No. 2001-2934F
D/A: 9/19/00

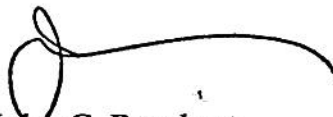
Dear Ms. Martin:

Please see the attached Order Reopening Claim on Change of Condition for the Worse and Awarding Permanent Total Disability Benefits received in the above-referenced matter. Please note payment of the Order is due not later than Wednesday, July 6, 2016.

Should you have any questions, please contact our office.

Very truly yours,

JOHN BARNHART, P.C.



John G. Barnhart
FOR THE FIRM

JGB/tm
Attachment

cc: Kim Bailey, City of Broken Arrow - Via Email
Sandy Cassady, RMS Claims and Risk - Via Facsimile: (405) 751-0951, Email & Mail

BEFORE THE WORKERS' COMPENSATION COURT OF EXISTING CLAIMS
STATE OF OKLAHOMA



FILED

WORKERS' COMPENSATION COURT
STATE OF OKLAHOMA
June 16, 2016
Katrina Stephenson
COURT CLERK

In re claim of:

RUBY GINA OREY)	
Claimant)	
)	Court Number: 2001-02934F
CITY OF BROKEN ARROW)	
Respondent)	
)	Claimant's Social Security
)	Number: xxx-xx-0150
CITY OF BROKEN ARROW (OWN RISK #14157))	
Ins. Carrier)	

**ORDER REOPENING CLAIM ON CHANGE OF CONDITION
FOR THE WORSE AND AWARDED PERMANENT TOTAL DISABILITY BENEFITS**

Now on this 14th day of JUNE, 2016, this cause came on for consideration pursuant to regular assignment and hearing on JUNE 6, 2016, before JUDGE MICHAEL W MCGIVERN, at Tulsa, Oklahoma, at which time claimant appeared in person and by counsel, BRYCE A HILL and respondent and insurance carrier appeared by counsel, JOHN G BARNHART.

The Court having considered the evidence and records on file, and being well and fully advised in the premises FINDS AND ORDERS AS FOLLOWS:

- 1 -

THAT on DECEMBER 5, 2001 an order was entered herein finding that on SEPTEMBER 19, 2000, claimant sustained an accidental personal injury arising out of and in the course of claimant's employment, for which an award of 21 percent permanent partial disability to the LOW BACK (radiculopathy both legs, worse on left) was entered.

- 2 -

THAT subsequent to that order, on SEPTEMBER 23, 2011 an order was entered herein finding claimant sustained a change in physical condition for the worse to the LUMBAR SPINE.

- 3 -

THAT on JULY 30, 2012 an order was entered herein finding that claimant sustained consequential injury to the LEFT SHOULDER.

- 4 -

THAT subsequent to said order, claimant sustained consequential injury to MIDDLE BACK, PSYCHOLOGICAL OVERLAY, RIGHT FOOT, LEFT HAND, and RIGHT HAND.

- 5 -

THAT subsequent to said order, claimant sustained a change in physical condition for the worse to the LOW BACK and LEFT SHOULDER.

- 6 -

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$269.40 per week for temporary total disability and \$237.00 per week for permanent partial disability and \$269.40 per week for permanent total disability.

- 7 -

THAT the Court finds that as a result of the change of condition for the worse the claimant is now permanently totally disabled solely as a result of this injury. Benefits are awarded herein in conjunction with that finding. (See claimant's exhibit #1 and #2).

- 8 -

THAT as a result of said injury, claimant is TOTALLY AND PERMANENTLY DISABLED as defined by Title 85 O.S. Section 3(20), therefore respondent shall pay claimant compensation at the rate of \$269.40 per week from MAY 29, 2015 and continuing until further order of this Court, 54 weeks and 4 days have accrued and shall be paid in the lump sum of \$14,763.12.

- 9 -

THAT Dr. Gerald R Hale is authorized to provide the claimant with continuing medical maintenance for prescription medications, subject to the rules, limitations and requirements of the Oklahoma Treatment Guidelines for the Use of Schedule II Drugs.

- 10 -

THAT respondent or insurance carrier shall pay all reasonable and necessary medical expenses incurred by claimant as a result of said injury through the date of this order.

- 11 -

THAT respondent or insurance carrier is ordered to pay claimant the accrued portion of this award herein in lump sum of \$14,763.12 and compensation shall continue at the rate of \$269.40 per week (less attorney fees) until further order of this Court.

- 12 -

THAT Respondent shall pay court costs; Special Occupational Health and Safety Fund Tax of three-fourths of one percent (0.75%) of the amounts paid in lump sum of \$110.72 is levied against the Respondent; three-fourths of one percent of the continuing benefits awarded in this case shall be computed and paid as the same comes due. Pursuant to 85 O.S., Section 407, as amended by Laws 2013, HB 2201, c. 254, Section 49, eff. January 1, 2015, Respondent, if Own Risk, shall pay \$295.26 to the Workers' Compensation Administration Fund created by 85 O.S. Section 407, to be used for the costs of administering the Workers' Compensation Code as applicable to the Oklahoma Workers' Compensation Court of Existing Claims, representing two percent (2%) of the permanent amounts paid in lump sum, and two percent (2%) of the continuing benefits awarded in this case shall be computed and paid as the same comes due.

- 13 -

THAT pursuant to Title 85 O.S. Section 368, a filing fee of one hundred thirty dollars (\$130.00) is taxed as a cost in this matter, and shall be paid by claimant to the Court unless a filing fee for claimant's motion to reopen was previously paid, within twenty (20) days from the date this order becomes final.

- 14 -

THAT the Court finds that the amount of \$26,940.00 is a fair and reasonable attorney fee for services rendered by claimant's counsel and shall become vested at the time the award herein becomes final. That said attorney fee shall be paid periodically at the rate of twenty percent (20%) of each weekly payment of \$269.40 until the attorney fee is satisfied, based upon a maximum of four hundred (400) weeks of compensation. THAT within 20 days from the date of filing of this order, respondent shall comply herewith.

BY ORDER OF:

/s/ 

MICHAEL W MCGIVERN, JUDGE

pg/FBennett

A copy of the above and foregoing Court Order was mailed, by regular or Certified United States Mail, on this filed stamped date to:

Claimant's Attorney: BRYCE A HILL
1511 S DELAWARE AVE
TULSA, OK 74104-5234

Respondent's Attorney: JOHN G BARNHART
7711 E 111 ST STE 104
TULSA, OK 74133-

I do hereby certify that the above and foregoing is a true and correct copy of the original order signed by the Judge herein. Witness by my hand and the official seal of this court on this date.

Katrina Saplensan

Court Clerk
June 16, 2016

