

**DEPARTMENT OF WORKERS CLAIMS  
FRANKFORT, KENTUCKY 40601**

STANDARD FORM FOR  
**ATTORNEY FEE ELECTION**

State's File Number: \_\_\_\_\_

Carrier For: \_\_\_\_\_

Employer: \_\_\_\_\_

Carrier's File No. \_\_\_\_\_

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I hereby certify that my attorney has fully explained to me my options regarding the payment of attorney fees. I hereby select the following method:

A. \_\_\_\_\_ I elect to pay my attorney's fee out of my personal funds.

B. \_\_\_\_\_ I elect to have any attorney's fee paid in a lump sum and to have each of my weekly benefits equally reduced until the defendants have recouped the amount of my attorney's fee.

C. \_\_\_\_\_ My case has been settled for a lump sum. I elect to pay my attorney's fee out of my lump sum settlement.

\_\_\_\_\_, plaintiff herein, being duly sworn, states that the statement of the foregoing election is true.

\_\_\_\_\_  
Plaintiff

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public or other authorized officer

I hereby certify that I have fully explained the provisions of KRS 342.320 to my client.

\_\_\_\_\_  
Attorney for Plaintiff