



**INDUSTRIAL COMMISSION OF ARIZONA**

800 W. WASHINGTON STREET

PHOENIX, ARIZONA 85007

(602) 542-4661

**PETITION FOR ATTORNEY'S FEES PURSUANT TO A.R.S. § 23-1069**

**Further instructions are available at:**

1. Claimant's Name:	2. ICA Case Number:	3. Date of Injury:
<p>4. Identity of Party Filing Petition (check one):</p> <p>I am the claimant. Name of former/current attorney:</p> <p>I am/was the claimant's attorney. Attorney Name: Bar Number: Firm Name: Certified Workers' Compensation Specialist?      Yes      No</p>		
<p>5. Provide the information requested below and/or attach supporting documents. Check all boxes that apply. Failure to provide all requested information may delay processing.</p> <p>Additional ICA case numbers and dates of injury related to this Petition (if applicable).</p> <p>Applicable fee agreements.</p> <p>Brief description of the nature of the case.</p> <p>Detailed description of all work performed by attorney on behalf of the claimant. Include any outcomes that can be ascribed to the representation. Attach any relevant filings/awards.</p>		

Brief description of how and why the attorney/client relationship ended (if applicable). Attach any supporting documentation.

The number of billable hours spent representing the claimant (if known) or an estimate (if unknown). Attach applicable billing and time-keeping records related to the matter.

The amount of attorney's fees that you believe should be awarded and an explanation supporting the requested amount.

Description of the current status of the claim, including whether litigation is ongoing.

Claimant's current attorney and contact information (if applicable).

Detailed accounting of any payments the attorney has received to date arising out of the representation. Attach any supporting documentation.

6. CERTIFICATION: By signing below, I certify to the best of my knowledge and belief that: (1) I have read A.R.S. § 23-1069; (2) my Petition for Attorney's Fees complies with all statutory and ethical requirements; and (3) the information provided in connection with this Petition for Attorney's Fee is true, accurate, and complete. I understand that any false statements or deliberate omissions of material fact may be grounds for vacating any resulting award of attorney's fees.

Print Name:	Email Address:
Address:	Phone Number:
Signature:	Date: