TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
800-252-7031 | F: 512-804-4378 | TDI.texas.gov | @TexasTDI

APPLICATION FOR ATTORNEY FEES

Online submission available through Web-Enabled Attorney Fee Processing System at:
https://txapps.texas.gov/NASApp/twcc/TwccAFManager

I. GENERAL INFORMATION

1. DWC Claim Number	**2. Dates of Service** (mm/dd/yyyy) From To
3. Indicate if benefit percentage being requested is less than 25%. %	
4. Are any fees for dispute where claimant prevailed on entitlement to or amount of supplemental income benefits (SIBs)?* ☐ Yes ☐ No	
5. Attorney 1 - Name (Last, First, MI)	**6. Attorney 1 - Bar Card Number**
7. Firm Name	**8. Firm Mailing Address** (Street or PO Box, City, State, ZIP)
9. Firm Phone Number	**10. Attorney represents:** ☐ Employee ☐ Insurance Carrier ☐ Beneficiary
11. Attorney 2 – Name (Last, First, MI)	**12. Attorney 2 - Bar Card Number**
13. Attorney 3 – Name (Last, First, MI)	**14. Attorney 3 - Bar Card Number**
15. Injured Employee's Name (Last, First, MI)	**16. Date of Injury** (mm/dd/yyyy)
17. Beneficiary's Name (if applicable)	**18. Beneficiary's SSN** (if applicable)
19. Beneficiary's Address (Street or PO Box, City, State, ZIP) (if applicable)	
20. Beneficiary Type: ☐ Spouse ☐ Common Law Spouse ☐ Parent ☐ Step-parent ☐ Grandchild ☐ Grandparent ☐ Child ☐ Sibling ☐ Other	

*If "Yes," only the fees and expenses related to the Supplemental Income Benefits (SIBs) issue may be included on this application. Any fees or expenses not related to the SIBs issue, including fees related to SIBs matters not at issue in the dispute proceeding, must be included on a separate DWC Form-152.

II. REQUEST SUMMARY

21. Provide the information requested below. Use the Attorney Services chart in Section III to total the hours for each attorney/legal assistant. Provide hourly rates and calculate the dollar amount for each attorney or legal assistant's time.

	Hours	Rate	Amount
Attorney 1 (A1)		$ /hr.	$
Attorney 2 (A2)		$ /hr.	$
Attorney 3 (A3)		$ /hr.	$
Legal Assistant (LA)		$ /hr.	$
Subtotals			$
Total Expenses Requested (from chart in Section IV)			$
TOTAL FEE REQUESTED			$

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III. ATTORNEY SERVICES (Attach additional pages as necessary.)

22. Provide the information requested in the chart below. Use the Table of Codes on page 3 as appropriate. Report time as whole hours and decimal fractions of hours (e.g. 1 hour 6 minutes = 01.1). If request exceeds guidelines in 28 Texas Administrative Code (TAC) §152.4, attach written justification.

	Date of Service (mm/dd/yyyy)	Category	Actor	Action	Recipient	Hours Requested
Ex.	01/01/2014	CC	A1	DL	C	01.1
a.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						
j.						
k.						
l.						
m.						
n.						
o.						
p.						
q.						
r.						
s.						
t.						
u.						
v.						
w.						
x.						
y.						
z.						
aa.						
bb.						
cc.						
dd.						
ee.						
ff.						

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TABLE OF CODES

Category Codes		Action Performed Codes		Recipient Codes	
AL	Appeals	AD	Attend Deposition of	A	Court Reporter
AS	Agreements and Settlements	AP	Attend Proceeding	B	Beneficiary
BR	Benefit Review Conference	CF	Complete and File Claim Form	C	Claimant
CC	Contested Case Hearing	DL	Draft Letter to	D	Disability Determination Officer
CF	Communications	DP	Draft and File Pleadings/Documents	E	Employer
IR	Informal Resolution	II	Initial Interview	H	Hearing Officer
IS	Initial Services	LR	Performed Legal Research	I	Carrier
TT	Travel Time	OC	Office Conference with	J	Adjuster
Actor Codes		PP	Prepare for Proceeding	O	Ombudsman
A1	Attorney 1 (primary attorney)	RF	Review File	P	Health Care Provider
A2	Attorney 2 (secondary attorney)	RR	Receive/Review Documents	R	Benefit Review Officer
A3	Attorney 3 (tertiary attorney)	SF	Set Up File	T	Other Division Staff
LA	Legal Assistant	TC	Telephone Conference with	W	Witness
				Z	Other Carrier

IV. ATTORNEY EXPENSES (Attach additional pages as necessary.)

23. Provide the information requested below.

	Date (mm/dd/yyyy)	Expense Code	Actor	Amount	Mileage	Expense Code List			
a.				$		**AF**	Air Fare	**SP**	Subpoena
b.				$		**AR**	Auto Rental	**TC**	LD Call from Client
c.				$		**CC**	LD Collect Call from Client	**TD**	Travel for BRC*
d.				$		**CR**	Court Reporter	**TE**	Travel for CCH*
e.				$		**IN**	Investigative Services	**TF**	Translator
f.				$		**LR**	Legal Research	**TH**	LD Call to Health Provider
g.				$		**ML**	Meals	**TP**	LD Call to Other Party
h.				$		**OO**	Other Overnight	**TR**	LD Call to Other Party's Rep
i.				$		**PK**	Parking	**WF**	Witness Fee
TOTAL EXPENSES				$		**RC**	Record Copies	NOTE: LD = Long Distance	

*Report only if the BRC or CCH is held at a location more than 25 miles from the attorney's nearest office.

V. CERTIFICATION

24. I certify the following:

- I am an attorney for the client identified in this application.
- Regardless of the method used to submit this application (original signature, stamp signature, encryption or facsimile), it shall have the same effect as submission with an original signature.
- I am duly authorized and qualified in all respects to make this application.
- I am responsible and liable for any information contained in this submission.
- I have read this application and any attached document(s).
- Every statement, numerical figure and calculation contained herein is within my personal knowledge, is true and correct, and represents services, charges, and expenses provided by me or a legal assistant under my supervision.

25. Printed Name of Attorney 1	**Signature of Attorney 1**	**Date** (mm/dd/yyyy)
26. Printed Name of Attorney 2	**Signature of Attorney 2**	**Date** (mm/dd/yyyy)
27. Printed Name of Attorney 3	**Signature of Attorney 3**	**Date** (mm/dd/yyyy)

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Frequently Asked Questions
Application for Attorney Fees (DWC Form-152)

What are the guidelines for attorney fees?
Claimant's attorney fees (generally): An injured employee's attorney fees are paid out of the claimant's recovery of benefits. The fees cannot exceed 25 percent of those benefits. In approving an attorney's fee or expense, the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) considers the guidelines for legal services and the maximum hourly rate for legal services provided in 28 Texas Administrative Code (TAC) §152.4, as well as Labor Code §408.221 and §408.222.

Claimant's attorney fees (SIBs dispute)*:* When an injured employee's attorney fees are related to a dispute where the injured employee prevailed on the issue of entitlement to or amount of SIBs, the fees are paid by the insurance carrier and are not limited to 25 percent of the injured employee's income benefits.

Insurance carrier's attorney fees: An insurance carrier's attorney fees must be reasonable and necessary, and they must be based on criteria similar to those applicable to an injured employee's attorney fees.

How many attorneys may request fees on a single application?
Up to three attorneys and one legal assistant may request fees on a single application. If more than three attorneys and one legal assistant provided services, an additional DWC Form-152 must be submitted.

Is written justification of fees required?
Additional case-specific justification in the form of a summary paragraph titled "Justification Text" is required if:

- the requested fees exceed the guidelines set out in 28 TAC §152.4;
- the services provided require additional detail or clarification to justify payment; or
- TDI-DWC requests additional justification.

How do I file the DWC Form-152?
Attorneys can submit the DWC Form-152 to TDI-DWC by:

- filing electronically on the TDI website at: https://txapps.texas.gov/NASApp/twcc/TwccAFManager;
- faxing the form to 512-804-4378; or
- mailing the form to the address at the top of the form.

What will TDI-DWC do?
TDI-DWC determines whether all or part of the request should be approved and issues an order approving, partially approving, or denying the application for attorney fees.

How do I appeal an order approving, partially approving, or denying my application for attorney fees?
Information on the appeal process can be found in 28 TAC §152.3.

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; get and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the Corrections Procedure section at www.tdi.texas.gov.