Revised 07/01/19

 Effective 07/01/19

 **WC-3 RSA**

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| **Attorney — Client Communication Privileged, Confidential, and Exempt from Disclosure under applicable law. Contains material prepared by counsel and may include advice of counsel.** |

**DOJ/ORM REQUEST FOR SETTLEMENT AUTHORITY**

**(For Workers Compensation Matters in OWC Court Only)**

**Case Name:**

**TPA Number:**

**Instructions:**

**Initial 🗌 Supplemental 🗌 Pretrial 🗌 Post Trial 🗌**

* Designate the type of RSA being submitted. Then, follow instructions as set forth below:
* This form is to be used for Workers’ Compensation matters in OWC Court only.
1. **INITIAL RSA**

Submission of the INITIAL RSA is triggered by one of the following events, and is due within the applicable time frame set forth below:

* 1. IMMEDIATE NOTICE—RECEIPT OF OFFER OF JUDGMENT

Billing Attorney shall **immediately** notify the adjuster upon receipt of an Offer of Judgment from the Plaintiff or a co-defendant, and shall submit a completed RSA as soon as possible to the Adjuster, the Workers’ Compensation Section Chief, and the Director of Litigation

* 1. TEN DAY DEADLINE

Billing Attorney shall submit completed RSA form within ten (**10) days** (unless otherwise specified) of the occurrence of any of these other events:

* Receipt of settlement offer from Plaintiff
* Counsel’s determination that liability is certain and/or settlement is advisable
* Any significant or unusual event which changes the evaluation of the State’s exposure
* Receipt of request from adjuster
	1. THIRTY DAY DEADLINE

Billing Attorney shall submit completed RSA form at least thirty (**30) days** (or as soon as practicable) prior to any **status conference** at which it may be **reasonably anticipated that settlement will be discussed by the Trial Judge or his designee.**

1. **SUPPLEMENTAL RSA**

Billing Attorney shall submit a SUPPLEMENTAL RSA when (1) there is a significant change in counsel’s evaluation of liability and/or quantum as reported in the previous RSA or (2) when requested by the Adjuster.

All Supplemental RSA’s will be a modification of the original RSA and all previous Supplemental RSA’s, so that it is a self-contained document. All new information must be set forth in **bold face type** on the Supplemental RSA form.

1. **PRE-TRIAL RSA---DUE Sixty (60) DAYS PRIOR TO TRIAL**

Unless otherwise instructed by the Adjuster, the RSA form is to be used for preparation of a Pre-Trial Report, and it is due at least sixty (**60) days** prior to trial.

**When a trial is continued**, an updated Pre-Trial RSA shall be submitted (unless instructed otherwise by the adjuster) at least sixty (**60**) **days** prior to the new trial date and it must include a description of any significant developments, including pre-trial rulings that bear on the assessment of liability or damages, a re-cap of settlement discussions, and any other new information that affects resolution of the case.

1. **OTHER USES**
* Stipulations of liability and all trial stipulations
* Waiver of jury trial
* Bifurcation of trial wherein liability and damages will be tried separately
* Response to plaintiff’s(s’) offer of judgment
* Extending an offer of judgment to plaintiff(s)
* Participation in mediation
1. **SUBMISSION INSTRUCTIONS**
* Contract counsel shall submit the completed form in an electronically editable format to the adjuster, and to the Workers’ Compensation Section Chief at: WorkersCompSectionChief@ag.louisiana.gov
* LP/DOJ staff attorney shall submit the completed form in an electronically editable format to the Workers’ Compensation Section Chief; or, to the Regional Office Chief, if LP/DOJ attorney is housed in a Regional Office. The Regional Office Chief shall transmit the RSA to the Workers’ Compensation Section Chief electronically at: WorkersCompSectionChief@ag.louisiana.gov

**Caption of Case:** Plaintiff(s)

 vs.

 Defendant(s)

**TRIAL DATE:**

 **MEDIATION DATE:**

**OWC District:**

 **OTHER CRITICAL DATES:**

**Docket Number:**

 **EVENT WHICH**

**ORM Number:** **PROMPTS REPORT:**

**TPA Number:**

**Agency/Facility:**

**Adjuster:**

Telephone No.:

Email address:

**ORM Supervisor:**

Telephone No.:

Email address:

**DOJ Billing Attorney:**

Telephone No.:

Email address:

**Date Submitted:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Claimant:**

DOA:

AWW:

Comp Rate/Type:

**Plaintiff’s Attorney:**

w/address, telephone, fax:

Assessment of Attorney:

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**Judge:**

Assessment of Judge and Venue:

**Plaintiff’s Demand:**

**Requested Settlement Authority:**

**I. FACTS AND PROCEDURAL HISTORY**

A. Name, age, date of hire, date of injury, agency and position of the claimant. If terminated when/why.

B. A **thorough explanation** of the accident, injuries, and allegations contained in the 1008.

C. Discuss claimant’s Medicare eligibility, including whether or not the claimant is a current recipient, eligible for Medicare, applying for Medicare, etc.

**II. MEDICAL TREATMENT HISTORY**

A **detailed summarization** of all **pertinent** medical treatment. Please include the physician’s name, specialty, diagnosis, diagnostic testing, medication, surgery, therapy, and physicians’ opinions as to future treatment and work status.

**III. PLAINTIFF’S CAUSES OF ACTION AND/OR THEORIES OF RECOVERY AND APPLICABLE DEFENSES**

A. Describe separately and in detail each cause of action along with applicable defense(s).

**IV. SUMMARY OF PLEADINGS FILED AND DISCOVERY COMPLETED**

A. Discuss the pleadings filed, including a listing of all petitions, amended petitions, answers, motions, exceptions, etc. filed in the case, along with a discussion of the arguments and outcome of each.

B. Discuss the discovery completed, outstanding, and to be completed.

**V. QUANTUM ANALYSIS**

A. **Indemnity**

Describe in detail the potential exposure for indemnity benefits, including past indemnity allegedly due and future indemnity (with and without the customary 8% discount), and all calculations used in determining the potential exposure.

B. **Medical**

Describe in detail the potential exposure for medical expenses, including past expenses allegedly due and future expenses, i.e., surgery, physical therapy, prescriptions, Medicare Set Asides, etc**.**

C. **Medicare Set Aside**

Discuss and give details regarding a Medicare Set Aside, including why an MSA is or is not necessary.

D. **Liens**

Discuss any liens, including Medicare, and the amount(s) of said liens.

E. **Penalties and Atorney Fees**

Describe in detail the potential exposure for penalties and attorney fees.

F. **Total Potential Exposure**

Describe in detail the potential exposure for the individual 1008 and/or all issues before the Court, and the total potential exposure for the life of the claim.

**VI. OPTIONS**

Summarize the advantages and disadvantages of each of the following, including any offers made by the claimant:

A. Resolution of the 1008/issues before the Court:

B. Settlement of all claims, full and final:

C. Trial:

**VII. Recommendations of Defense Counsel and Reasons Therefore**

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regional Chief Comments (If Applicable):**

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Regional Chief**

**Section Chief Comments:**

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Section Chief**

TPA Adjuster/Examiner Comments:

 *See TPA RSA Review form or other written communication from TPA.*

Office of Risk Management Comments (supervisor/manager/administrator) if applicable:

 *See ORM Claims Council Decision or other written communication from ORM.*

**Litigation Deputy Director Comments (Up to $100,000):**

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Deputy Director, Litigation Division**

**Litigation Director Comments (Up to $250,000):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **SONIA MALLETT**

 **Director, Litigation Division**

**Senior Counsel to the Attorney General Comments (Up to $999,999)**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **JOHN W. SINQUEFIELD**

 **Senior Counsel to the ATTORNEY GENERAL**

**Chief Deputy Attorney General or Attorney General Comments (Up to or Over $1,000,000):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **WILBUR L. STILES**

 **Chief Deputy ATTORNEY GENERAL**

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **JEFF LANDRY**

 **ATTORNEY GENERAL**