Reset Print

Application for Approval of a Representative's Fee In a Black Lung Claim Proceeding Conducted by The U.S. Department of Labor

U.S. Department of Labor
Office of Worker's Compensation Programs
Division of Coal Mine Workers' Compensation

NOTE: No fee for services performed may be paid under this program unless the Information prescribed by existing regulations is provided to this office. Disclosure of your Social Security Number Is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an Individual may be entitled.

OMB No. 1240-0011
Expires: 12-31-2010

1. In accordance with the provisions of the Black Lung Benefits Act (30 U.S.C. 901 at seq.), 33 U.S.C. 928 and the regulations of the U.S. Department of Labor governing the administration of such Act (20 CFR 725.365 et seq.), I the undersigned hereby make application for a representative's fee for my services rendered from _____ 19____ to _____ 19____ in the claim of: _____ (Client's Name)
before the: (Check only one block)
☐ District Director ☐ Administrative Law Judge ☐ Benefits Review Board ☐ (Other) (Specify) _____

2. Miner's Name	3. Miner's Claim Number

4. Services Rendered (Use blank sheet of paper if additional space is needed)

(a) Date Rendered	(b) Itemized services rendered (See reverse side for instructions)	(c) Professional Status of Person Who Performed the Service	(d) Usual Billing Rate Per Hour at Time of Service	(e) Time to Nearest 1/4 Hour
			Total Time Expended on Case During Period:	

5. Miscellaneous Expenses (Use blank sheet of paper if additional space is needed)

(a) Date Rendered	(b) Itemize unreimbursed expenses incurred in connection with claim (See Reverse)	(c) Cost
		$
	Total Miscellaneous Expenses Incurred:	

6. **Total Fee Requested** (Amount of fee requested for services rendered and expenses incurred during the period designated in block 1 and itemized in blocks 4 and 5):
$ _____

7. Explain on a separate sheet the nature and extent of any unusual circumstances or any other relevant data which should be considered in approving your fee. (Note: As stated in 20 CFR 725.365, no lay representative is entitled to a lien against the award.	8. Did you or your firm receive or request any fee for services rendered to the claimant in any claim for pneumoconiosis (black lung) benefits before any state or federal agency? ☐ Yes ☐ No If YES, show amount: $ _____	9. Did you request monies from this claimant to place in an escrow account or to use as expense advances? ☐ Yes ☐ No If YES, show amount: $ _____ and itemize on separate sheet. (See Reverse)

Certification: I certify that the fees and expenses listed in blocks 4 through 9 constitute the complete claim for representing this client during the period and before the adjudication official indicated in block 1. Any claim for fees or expenses for services rendered during a period or before an official other than the period and official indicated in block 1 will be submitted on a separate CM-972. I have made no agreement and will make no other claim (unless disclosed in block 8) which would entitle me to any portion of the proceeds the client may be awarded under the terms of any Act administered by the Office of Workers' Compensation Programs. I certify that I have furnished a copy of this application and any attachments to the person for whom the above services were performed and to all other parties in the claim. I certify that the information given by me on this application is true and correct to the best of my knowledge. I am aware that severe penalties, including fine and imprisonment, may be invoked under 33 U.S.C. 928(e) whenever any person receives an unauthorized fee for services rendered, or under 30 U.S.C. 941 whenever any person willfully makes a false or misleading statement or representation for the purpose of obtaining payment under 30 U.S.C. 901 et seq.

10. Signature of Representative	11. Date	12. Telephone No. (Include Area Code)

13. Name and Address of Representative (Print or type)	14. Representative's Social Security Number or IRS Identification Number

Instructions for Completing CM-972

Block 4 - Services Rendered

Column (b) - Itemize the services rendered on behalf of the claimant, such as: attend conference, draft letter, prepare interrogatories, etc.

Column (c) - Enter the professional status of the person who performed the services on behalf of the claimant, such as: attorney, paralegal, law clerk, lay clerk, lay representative, clerical, or other status (specify).

Column (d) - Enter the customary billing rate per hour at the time of service for each person who performed services on behalf of the claimant.

Block 5 - Miscellaneous Expenses

Column (b) - Itemize reasonable unreimbursed expenses incurred by the representative or by an employee of the representative in establishing the claimant's case, e.g. travel expenses, long distance phone calls, etc. Attach all available receipts or other documentation of expenses. Please add client's name, miner's name (if different), miner's Claim Number and representative's name to any attachments.

Note: List the type and amount of any expenses for which you were reimbursed in this case:

Type of Expense	Amount

Block 9 - Escrow Account/Expense Advances

Indicate amount placed in an escrow account, and/or itemize amount paid by claimant to the representative for any expenses.

Privacy Act Notice

In accordance with the Privacy Act of 1974 (5 U.S.C.552a), as amended, you are hereby notified that: (1) the Black Lung Benefits Act (BLBA) (30 U.S.C. 901 at seq.), as amended, is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor, which receives and maintains personal information, relative to this application, on claimants and their immediate families; (2) information obtained by OWCP will be used to determine eligibility for benefits under the BLBA; (3) information may be given to coal mine operators potentially liable for payment of the claim or to the insurance carrier or entity which secured the operator's compensation liability; (4) information may be given to physicians or other medical service providers for use in providing treatment, making evaluations and for other purposes relating to the medical management of the claim; (5) information may be given to the Department of Labor's Office of Administrative Law Judges, or other person, board or organization, which is authorized or required to render decisions with respect to the claim or other matters arising in connection with the claim; (6) information may be given to Federal, state or local agencies for law enforcement purposes, to obtain information relevant to a decision under the BLBA, to determine whether benefits are being or have been paid properly, and where appropriate, to pursue administrative offset and/or debt collection actions required or permitted by law; (7) disclosure of the claimant's or deceased miner's Social Security Number (SSN) or tax identifying number (TIN) on this form is voluntary, and the SSN and/or TIN and other information maintained by the OWCP may be used for identification and for other purposes authorized by law; (8) failure to disclose all requested information **other than the SSN or TIN, may** delay the processing of this claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Public Burden Statement

We estimate that it will take an average of 42 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Room N-3464, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.