





## 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 person (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. **All available receipts or other documentation of expenses must be attached.** Please add client's name, Miner's name (if different), DOL's Case ID 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.

<u>Type of Expense</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

### 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.

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#### Privacy Act Notice

The following information is provided in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. (1) Collection of this information is authorized by the Black Lung Benefits Act, 30 U.S.C. 901 et. seq. and implementing regulations. (2) The information will be used to determine services and amounts payable under the Act. (3) This information may be used by other agencies or persons handling matters relating, directly or indirectly, to processing this form including liable coal mine operators and their insurance carriers; contractors providing automated data processing or other services to the Department of Labor; representatives of the parties to the claim; and federal, state or local agencies. This would include legal representatives; state workers' compensation agencies or the Social Security Administration, the Internal Revenue Service and other federal, state, and local agencies for the purpose of conducting investigations relating to the payment of services; and debt collection agencies and credit bureaus for the purpose of collecting overpayments that might be made. (4) Furnishing all requested information will facilitate the claims adjudication process, and the effects of not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of services payable. (Disclosure of your social security number is voluntary; the failure to disclose such number will result in the denial of any right, benefit or privilege to which an individual may be entitled.)

#### Public Burden Statement

Public reporting burden for this collection of information is estimated to average 42 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U. S. Department of Labor, Division of Coal Mine Workers' Compensation, Room N-3464, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.**

**(DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.)**

#### Notice

If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from OWCP in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or the claims examiner to ask about this assistance.

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**Form CM-972**  
**Rev.**