Department of Labor and Industries
Third Party Section
PO Box 44288
Olympia WA 98504-4288 Phone (360) 902-5100

THIRD PARTY RECOVERY WORKSHEET

Adjudicator	Today's date	Claimant's name

Calculate Form

Reset Form

Claim no.

Benefits Paid

1. CALCULATION OF DISTRIBUTION SHARES

$ _____ Gross recovery

$ _____ Less attorney's fee[s] $ _____ costs $ _____

$ _____ Net recovery

$ _____ Less claimant's 25% of net recovery

$ _____ Balance

DLI/SIE Proportionate Share of Fee and Costs on Reimbursement:

$ _____ Benefits Paid / $ _____ Gross Recovery = _____ % (Max. 100%) X _____ Fees+costs = _____

DLI/SIE Reimbursement Share:

$ _____ Benefits Paid - _____ DLI/SIE Prop. Share Fee + Costs = _____

$ _____ Less DLI/SIE reimbursement share

$ _____ Remaining Balance

DLI/SIE Proportionate Share of Fee And Costs On Remaining Balance:

$ _____ Remaining Balance / $ _____ Gross Recovery = _____ % X _____ Fees+costs = _____

$ _____ Less DLI/SIE Proportionate Share Of Fee And Costs on Remaining Balance

$ _____ Remaining Balance Subject to Offset

II. DISTRIBUTION SHARES

$ _____ Attorney (fees + costs)

$ _____ DLI/SIE (reimbursement share or balance [whichever is less])

$ _____ Claimant ($ _____ 25% + $ _____ DLI/SIE Proportionate share of fee and costs on Remaining Balance + $ _____ Offset)

$ _____ Gross recovery