Revised 07/01/23

Effective 07/01/23

**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:**

This form is to be used for all Workers’ Compensation Matters in OWC Court.

1. A RSA is required when the following events occur:
2. **Immediately** upon receipt of Offer of Judgment.
3. Within **10 days** of:
   * + receipt of settlement offer,
     + receipt of request to mediate/arbitrate,
     + determination that liability is certain and/or settlement is advisable,
     + any significant or unusual event which changes the evaluation of exposure,
     + receipt of request from DOJ, LSU or adjuster,
     + receipt of request to settle after trial or receipt of request to compromise a judgment,
     + determination that stipulation of liability or trial stipulation is advisable,
     + determination that waiver of jury trial is advisable,
     + determination that bifurcation of trial is advisable,
     + determination that offer of judgment is advisable.
4. **30 days** prior to status conference where settlement is reasonably anticipated to be discussed.
5. **60 days** prior to trial. When trial is continued, an updated RSA must be submitted at least 60 days prior to the new trial date and must include significant developments that may affect the resolution of the case.
6. The types of RSA are classified as follows:
   1. **Initial** **RSA** – to be used for initial requests for settlement authority.
   2. **Supplemental RSA** – to be used 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.
   3. **Pre-Trial RSA** – to be used for RSAs to be submitted 60 days before trial.
   4. **Post-Trial RSA** – to be used for offers of settlements after trial or requests to compromise a judgment.
   5. **Other** – to be used for requests to stipulate to liability, to enter into trial stipulations, to waive a jury trial, to bifurcate a trial, to participate in mediation, or any other situation that does not fall within types 1-4.

**C. SUBMISSION INSTRUCTIONS**

* Special Assistant Attorney General (hereinafter referred to as “SAAG”) shall submit the completed form in an editable format simultaneously to the adjuster and to the Workers’ Compensation Section Chief at: [WorkersCompSectionChief@ag.louisiana.gov](mailto:WorkersCompSectionChief@ag.louisiana.gov).
* LP/DOJ Assistant Attorney General (hereinafter referred to as “AAG”) staff attorney shall submit the completed form in an editable format to the Workers’ Compensation Section Chief. However, if the AAG staff attorney is housed in a Regional Office, the completed form shall be submitted to the Regional Office Chief, who shall transmit the RSA to the Workers’ Compensation Section Chief electronically at: [WorkersCompSectionChief@ag.louisiana.gov](mailto:WorkersCompSectionChief@ag.louisiana.gov).



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

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:

**AAG/SAAG:**

Telephone No.:

Email address:

**Date Submitted:**

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

**Claimant:**

DOA:

AWW:

Comp Rate/Type:

**Plaintiff’s Attorney** (with address, telephone, email, 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**

**Chief Deputy Attorney General or Attorney General Comments (Up to or Over $250,000):**

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

**JOHN W. SINQUEFIELD**

**Chief Deputy ATTORNEY GENERAL**

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

**JEFF LANDRY**

**ATTORNEY GENERAL**