

**IN THE DISTRICT COURT
FOR
THE CHOCTAW NATION OF OKLAHOMA**

INSTRUCTIONS and CRITERIA TO FILE A WORKER'S INJURY CLAIM

1. Read all instructions and example pages carefully.

2. The criteria to file a worker's injury claim through the Choctaw Nation District Court include the following:
 - a) Any claim must be filed within 30 days of a decision by the Administrator.
 - b) The claimant must sign a Verification (form will be provided).
 - c) A fee of **\$50.00** is required at the time of filing. This fee is payable by debit or credit card, cashier check or money order payable to **CHOCTAW NATION**.

3. You must file a Notice of Appeal with the Court. The Notice of Appeal must contain the following:
 - a) Completed WIFORM
 - b) A brief summary of the relevant facts
 - c) A brief statement of the disputed issues
 - d) A brief statement of the relief sought
 - e) All other evidence or data necessary for consideration of the claim
 - f) A copy of the final Administrative decision
 - g) A signed declaration that the information submitted is true and correct to the best of your knowledge

You must type your own Notice of Appeal. The attached pages are a guideline, or *Example only* of how you are to prepare your own Notice of Appeal. You must file your own Notice of Appeal to have your claim filed in Choctaw Nation District Court for your case to be heard by the Judge. **Use only those items or topics from this *Example* that apply to your situation. Leave out all items that do not apply to your own situation.**

4. **Do not fill in the blanks of this Example Notice of Appeal, simply use the *Example* pages as a guide to type your own.**

5. All documents submitted when you file a Notice of Appeal must be on 8 1/2" x 11" letter-size paper. Type on **ONE SIDE ONLY** of each page. Use as many or few pages as needed for your situation.

IMPORTANT: The following document is ONLY a Guide (an example to follow) to help you prepare your Notice of Appeal. The Choctaw Nation District Court and Court Clerk's office do not provide lawyers, legal advice, or legal assistance. If you need/want legal advice or representation, you must retain your own lawyer at your own expense. If you select a lawyer to represent you, he/she must be registered to practice law with the Choctaw Bar.

ENCLOSE THE FOLLOWING WITH YOUR NOTICE OF APPEAL:

When you are ready to mail or personally bring your Notice of Appeal to be filed with the Court Clerk's office, you **MUST** bring the following in order to file your Notice of Appeal:

1. ____ Copy of your Employee ID Card.

2. _____ Information sheet (**THIS MUST BE FILLED OUT AND RETURNED WITH NOTICE OF APPEAL**).
3. _____ Debit or credit card, cashier check or money order for **\$50.00** payable to the **Choctaw Nation**.

If you do not file your claim timely (within 30 days of your Closure Letter) and correctly (as required by statute and GUIDED in this document), your claim may not be accepted by the Court. The Choctaw Nation of Oklahoma Codes can be obtained from the Nation's website or upon request of the Court.

If you have questions, you may reach the Court Clerk by phone at (580) 920-7027. Mail all correspondence to **P.O. Box 1160, Durant, OK 74702**. The Choctaw Nation District Court Clerk's office is located **in the Choctaw Nation Judicial Center at 2250 Chukka Hina Drive, Durant, OK 74701**

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Choctaw Nation to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Choctaw Nation to charge my credit
(full name)
card account indicated below for \$50.00. This payment is for _____.
(description of services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

IN THE DISTRICT COURT FOR THE CHOCTAW NATION OF OKLAHOMA

TYPE OF CASE

Worker's Injury

PETITIONER/PLAINTIFF/CLAIMANT INFORMATION

NAME: Last: _____ **First:** _____ **Middle:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____

TELEPHONE: _____ **ALTERNATE NUMBER:** _____

E-MAIL: _____

TRIBAL AFFILIATION: _____

RESPONDENT/DEFENDANT INFORMATION

NAME: Choctaw Nation of Oklahoma Worker's Injury Administrator

ADDRESS: P.O. Box 1210

CITY: Durant STATE: OK ZIP: 74702

TELEPHONE: 1-800-522-6170

*** EXAMPLE ONLY ***

**IN THE DISTRICT COURT FOR THE CHOCTAW NATION
OF OKLAHOMA**

Case No. _____

Petitioner

VS.

Choctaw Nation of Oklahoma
Worker's Injury Administrator

Respondent

NOTICE OF APPEAL OF WORKER'S INJURY ADMINISTRATIVE DECISION

Comes now the Petitioner, _____ and files this Notice of Appeal of the Administrative decision of the Choctaw Nation of Oklahoma Worker's Injury Department, in the District Court for the Choctaw Nation of Oklahoma, and alleges and states under oath that the following information is true and correct:

1. That the District Court for the Choctaw Nation of Oklahoma has the authority to hear and decide this matter according to Section 3-107 of the Choctaw Nation of Oklahoma Worker's Injury Code.

2. That the District Court for the Choctaw Nation of Oklahoma has personal jurisdiction to hear and decide this matter because the Petitioner stipulates to the jurisdiction of the court and: (choose A or B that applies to your situation.)

A. The Petitioner is currently and was at the time the injury giving rise to this claim, an employee of the Choctaw Nation of Oklahoma.

B. The Petitioner was at the time the injury giving rise to the original claim an employee of the Choctaw Nation of Oklahoma.

3. That the Choctaw Nation of Oklahoma Worker's Injury Department issued a final administrative decision related to Petitioner's claim on _____ (date)_____.

4. That Petitioner has filed this Notice of Appeal within thirty (30) days of the date of the Administrator's decision therefore making this appeal timely filed.

5. That Petitioner does not agree with all or part of the Administrator's decision and is therefore requesting this Court review the matter and the decision.

6. That Petitioner has complied with all statutory requirements of filing this Notice of Appeal and has included the following documents with this Notice of Appeal: **(list only the documents you are submitting)**

- A. Completed Worker's Injury Form (WIFORM, see below)
 - B. A brief summary of the relevant facts (What happened)
 - C. A brief statement of the disputed issues (What don't you agree with)
 - D. A brief statement of the relief sought (What do are you asking for)
 - E. All other evidence or data necessary for consideration of the claim (Anything else you think the Court should know)
 - F. A copy of the final Administrative decision (Copy of the Claim Closure Letter you received)
 - G. A signed declaration that the information submitted is true and correct to the best of your knowledge (Verification, see below)
7. That Petitioner hereby consents to release and requests such release of a copy of his/her Worker's Injury Administrative case file be sent to the District Court of the Choctaw Nation of Oklahoma.
8. The Petitioner hereby requests the Court review the claim and decision of the Administrator and determine final disposition of this claim.
9. The Petitioner hereby requests in the event of an award in Petitioner's favor, Petitioner shall be reimbursed any court costs and filing fees previously paid in filing this Notice of Appeal.
10. The Petitioner hereby requests in the event of an award in Petitioner's favor, Petitioner shall be reimbursed reasonable attorney fees not to exceed ten (10) percent of the amount of the award.

WHEREFORE, the Petitioner prays that upon review and/or hearing this case, the court grant and award disposition in Petitioner's favor and all of the relief requested herein and such other and further relief as to which the Petitioner may be entitled.

Petitioner's Signature: _____
Petitioner's Name: _____
Petitioner's Address: _____
Petitioner's Telephone Number: _____
Alternate Phone Number Where Petitioner May Be Reached: _____

VERIFICATION

STATE OF OKLAHOMA)
)
COUNTY OF _____)

_____, being of lawful age, being first duly sworn upon oath, states: That he/she is the Petitioner above named; that he/she has read the foregoing Notice of Appeal, and any attachments thereto, knows the contents thereof and understand the same, and that the facts therein set forth are true and correct.

Petitioner

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

(Notary Seal)

My commission Expires: _____

My Commission Number: _____

Worker's Injury Form (WIFORM)

**Court Stamp
Case #**

| | | |
|---|---|--|
| Employee Name (Last, First, Middle): | Social Security #: | Phone: () |
| Mailing Address (include City, State, & Zip): | Date of Birth: Age: | Sex: |
| Occupation: | Av. Weekly Wage: | Length of Employment: Years _____ Months _____ |
| Date of Accident: | Time Injury Occurred: PM AM | Place of Injury: City/County/State |

| |
|--|
| Describe parts of the body injured or affected: |
| What is the nature of the Injury or Illness: |
| Describe with details how the injury occurred. Include object or substance which directly injured you: |

Are you previously impaired due to a prior workers' injury claim? _____

I declare under penalty of perjury that I have examined this notice and claim, and all statements continued herein, and to the best of my knowledge and belief, they are true, correct and complete.

Any person who commits workers' injury fraud, upon conviction, may be subject to criminal charges.

Name of claimant's attorney if represented:

| | | |
|-------------------|--------|------|
| Name of Attorney: | OBA #: | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Telephone: | | |

Upon filing this Notice of Accidental Injury and Claim for Injury, permission is given to the Choctaw Nation District Court, Administrator of the Workers' Injury Policy or their designees to examine all records relating to this notice.

Signed this _____ day of _____, _____

Signature of Claimant (must be signed by claimant)

Signature of Attorney for Claimant

This form is not intended for use as a medical authorization.

Nothing contained in this form shall be construed to waive the sovereign rights of the Choctaw Nation of Oklahoma, any subsidiaries and affiliates of the Choctaw Nation of Oklahoma or any of their respective officers, directors, servants, agents, employees, successors or assignees.