

IN THE SUPREME COURT OF FLORIDA

Olga Leon De Mesa,

SC16-540

Employee/Claimant/Petitioner

DCA Case No.: 1D15-5635

OJCC CASE NO: 14-015941GCC

vs.

Accident date: 03/14/2014

Dollar Tree Stores, Inc./Sedgwick CMS,

Employer/Carrier/Respondents.

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**JOINT STATUS REPORT AND JOINT MOTION FOR VOLUNTARY  
DISMISSAL OF THE NOTICE TO INVOKE DUE TO SETTLEMENT OF  
THE ENTIRE CASE INCLUDING ALL ISSUES PENDING FOR REVIEW  
IN THIS COURT AND THE DISTRICT COURT**

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COMES NOW Olga Leon De Mesa, Claimant/Petitioner, and Dollar Tree Stores, Inc./Sedgwick CMS, Employer/Carrier/Respondents, and jointly file this status report and joint motion for voluntary dismissal of the petition for review.

1. The parties entered into a settlement agreement and the relevant portions of that agreement have been approved by the JCC as of September 22, 2016.

2. The settlement encompasses resolution of all issues that are currently pending review before this court and that were previously reviewed in the District Court of Appeal, First District.

RECEIVED, 10/27/2016 05:18:32 PM, Clerk, Supreme Court

3. This court entered an order on August 23, 2016, relinquishing jurisdiction for sixty days and the parties were to file a joint status report. Thus, this status report is slightly late due to an oversight that was brought to the undersigned's attention by this court on October 27, 2016.

4. In light of resolution of all issue, the parties jointly move for voluntarily dismissal, as any decision in this case would now be rendered moot by resolution of all issues pending for review.

WHEREFORE the parties respectfully request that this honorable court enter an order of dismissal.

/s/ Kimberly A. Hill  
Kimberly A. Hill, Esquire  
821 SE 7<sup>th</sup> Street  
Fort Lauderdale, FL 33301

/s/ Warren Brown  
Warren Brown, Esquire  
3325 Hollywood Blvd Ste 400  
Hollywood FL 33021-6926

## **CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing was served via electronic mail on this this 27<sup>th</sup> day of October to: William Haro, Esquire, Attorney for the Employee/Claimant, 1580 Sawgrass Corporate Pkwy Ste 130 Sunrise FL 33323-2860 [william@accidentlawyerfl.com](mailto:william@accidentlawyerfl.com); Warren Brown, Esquire, Attorney of the Employer/Carrier, 3325 Hollywood Blvd Ste 400 Hollywood FL 33021-6926 [wbrown@brownpena.com](mailto:wbrown@brownpena.com).

/s/ \_\_\_\_\_  
Kimberly A. Hill, Esquire  
Florida Bar Number 0814059  
Co-counsel for the Claimant  
Kimberly A. Hill, P.L.  
821 SE 7<sup>th</sup> Street  
Fort Lauderdale, FL 33301  
(954)881-5214  
[kimberlyhillappellatelaw@gmail.com](mailto:kimberlyhillappellatelaw@gmail.com)

Attorney for the Appellant

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS  
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS  
MIAMI DISTRICT OFFICE

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OJCC No.: 14-015941GCC	DATE OF ACCIDENT: 3/14/14
EMPLOYEE:	Olga Leon De Mesa 822 NE 124th Street Miami, FL 33161
ATTORNEY FOR EMPLOYEE:	William Haro, Esquire Isaacs Law Firm 1580 Sawgrass Corporate Parkway Suite 130 Sunrise, FL 33323
EMPLOYER:	Dollar Tree 880 NE 125th Street North Miami, FL 33161
CARRIER:	Sedgwick Claims Management Services, Inc. P.O. Box 14152 Lexington, KY 40512-4152
ATTORNEY FOR EMPLOYER/CARRIER:	Warren Brown, Esquire Brown & Peña, P.A. 3325 Hollywood Blvd. Suite 400 Hollywood, FL 33021

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**ORDER UNDER SECTION 440.20(11)(c), (d), & (e), FLORIDA STATUTES (2001)**

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Pursuant to section 440.20(11)(c), (d), & (e), Florida Statutes (2001), the parties have reached a settlement agreement. After reviewing the documentation, the undersigned judge finds that:

1. The amount of attorney's fees as evidenced in the F.S. 440.20(11)(c), (d) & (e) motion meets the requirements of the Workers' Compensation Law.
2. The settlement allocation provides for the appropriate recovery of child support arrearages, if any exist, as evidenced by the supporting documentation.
3. The attorney's fee shall not be subject to modification.

4. The total amount of the settlement is \$6,000.00. The claimant agrees to pay and Counsel agrees to accept the sum of \$1,000.00 which is within the statutory percentages set forth in section 440.34, Florida Statutes plus costs of \$787.00. The claimant's net settlement after fees will be \$4,213.00. Payment pursuant to this motion/order will be mailed within 30 days of the date on which the Employer/Carrier receives the Order approving the attorney's fees.

It is **ORDERED** and **ADJUDGED** that the attorney's fee and child support arrearage allocation, if any, paid under the settlement agreement is approved.

**DONE** and **ORDERED** in Chambers.



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Judge of Compensation Claims

This is to certify that the above Order was entered into by the Judge of Compensation Claims and a copy was served by e. mail on each party and counsel at the address listed above on September 22, 2016.



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Assistant to the Judge of Compensation Claims

# State of Florida, Office of the Judges of Compensation Claims

OLGA LEON DE MESA	Claimant	Date of Accident: 03/14/14
v.		
DOLLAR TREE	Employer	OJCC No.: 14-015941GCC

## Attorney Fee Data Sheet- Washout Settlement

Use this form to report any attorney fee sought in connection with a settlement. If an Additional Attorney Fee characterized as being "paid by the carrier" is sought in connection with the settlement, that fee must be reported separately on form AFDS-WOA. Fees sought in cases which are not being finally settled must be reported instead on form AFDS-INT.

1. Total amount paid to obtain settlement (including all fees and costs, but exclusive of any fees being reported on form AFDS-WOA in this case): \$
  2. Value of benefits previously paid to or on behalf of claimant, due to attorney's efforts, for which no attorney fee has been paid to date: \$
  3. Total amount of claimant's outstanding child support obligation, if any: \$
  4. Amount of settlement proposed to be allocated to child support: \$
  5. Amount of Settlement Proceeds allocated to attorney's fees (exclusive of any fees reported on form AFDS-WOA in this case): \$
  6. Sum of all other attorneys' fees previously paid in this case: \$
  7. Amount of costs to be paid from settlement proceeds: \$
  8. Relationship of Proposed Fee to Statutory Percentage Formula (select one)
  - 8(a). Attorney fee is pursuant to statutory percentage formula.
  - 8(b). Statutory formula results in unreasonably low hourly rate (Accidents prior to 10-1-03, Davis v. Keeto, 463 So. 2d 368 (1st DCA 1985)).
- Enter hours here:
- 8(c). Medical Only Claim (Accidents after 9-30-03)(S. 440.34(7) F.S.).
- Enter hours here:
- 8(d). Other basis, or statutory formula does not apply.
- 8(e). If "other basis" is checked, enter explanation (500 char. max.):

NO DEVIATION

9. Check here if an attorney fee requiring submission of form AFDS-WOA is being sought in this case.

By submitting this document, the attorney attests each entry is accurate and consistent with applicable instructions, to the best of his or her knowledge, information, and belief.

Attorney's Name:    
First Last

Florida Bar Number:

Attorney's Signature   
Date

**GENERAL DOCUMENT FILING**

*OLGA LEON DE MESA V. DOLLAR TREE*

*D/A: 3/14/14, 14-015941GCC*

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**GENERAL SETTLEMENT ORDER INFORMATION**

\* AMOUNT OF TOTAL SETTLEMENT: \$ 6,000.00

\* AMOUNT OF OUTSTANDING  
CHILD SUPPORT OBLIGATION: \$ 0.00

\* AMOUNT OF SETTLEMENT ALLOCATED  
TO CHILD SUPPORT: \$ 0.00

\* AMOUNT, IF ANY, ALLOCATED FOR FUTURE  
MEDICAL EXPENSES: \$ 3,000.00

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**INFORMATION SPECIFIC TO REPRESENTED SETTLEMENT ORDERS**

\* AMOUNT OF ATTORNEY'S FEES (total, all sources): \$ 1,000.00

\* AMOUNT OF COSTS: \$ 787.00

BASIS FOR ANY DEVIATION FROM GUIDELINE  
(500 char. Max.)

No Deviation

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STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS  
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS  
MIAMI DISTRICT OFFICE

OJCC No.: 14-015941GCC

DATE OF ACCIDENT: 3/14/14

EMPLOYEE:

Olga Leon De Mesa  
822 NE 124th Street  
Miami, FL 33161

ATTORNEY FOR EMPLOYEE:

William Haro, Esquire  
Isaacs Law Firm  
1580 Sawgrass Corporate Parkway  
Suite 130  
Sunrise, FL 33323

EMPLOYER:

Dollar Tree  
880 NE 125th Street  
North Miami, FL 33161

CARRIER:

Sedgwick Claims Management Services, Inc.  
P.O. Box 14152  
Lexington, KY 40512-4152

ATTORNEY FOR  
EMPLOYER/CARRIER:

Warren Brown, Esquire  
Brown & Peña, P.A.  
3325 Hollywood Blvd.  
Suite 400  
Hollywood, FL 33021

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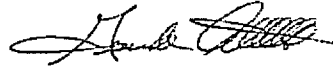
**ORDER ON ATTORNEY FEE STIPULATION**

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THIS CAUSE having come on to be heard on Attorney Fee Stipulation and the Court having heard argument of counsel and being duly advised in the premises, it is hereby

ORDERED AND ADJUDGED that the employer/servicing agent shall pay to William Haro, Esq. the sum of \$2,380.00 (two-thousand three-hundred eighty and 00/100 dollars) in full and complete satisfaction of any and all attorneys fees owed pursuant to the March 8, 2016 Petition for Benefits.

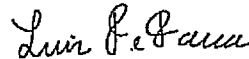
DONE & ORDERED at Chambers in Dade County, Florida, this 16th day of  
September, 2016.



The Honorable Gerardo Castiello

**CERTIFICATE OF SERVICE**

This is to certify that the above order was entered into by the Judge of Compensation  
Claims and a copy was served by electronic mail on each party and counsel at the addresses  
listed above on this 16th day of September, 2016.



Assistant to Judge of Compensation Claims

State of Florida, Office of the Judges of Compensation Claims

OLGA LEON DE MESA Claimant Date of Accident: 03/14/14  
 v.  
 DOLLAR TREE Employer OJCC No.: 14-015941GCC

Attorney Fee Data Sheet  
 Additional Attorney Fee in Connection with Settlement

Use this form to report any attorney fee sought to be approved in connection with a washout settlement that is in addition to fees reportable on form AFDS-WO.

- Amount of attorney fee for which approval is sought: \$2,380.00
- The attorney fee is payable by  claimant  employer/carrier.
- The attorney fee is by  agreement of counsel  attorney-client agreement.
- The basis for calculation of the attorney fee is:
  - hourly. The number of hours claimed is 11.90 and the hourly rate claimed is \$200.00
  - statutory percentage. The benefits secured claimed are itemized in the following table:

Description of Benefit	Claimed Monetary Value	Basis for valuation
Secured pain management doctor per the PFB filed 3/8/16, which the E/C failed to authorize timely.	300.00	Actual value


Total Claimed Monetary Value: \$300.00

- If the attorney fee is in excess of the statutory percentage formula, state the basis for the deviation (500 character maximum):

Secured pain management doctor per the PFB filed 3/8/16, which the E/C failed to authorize timely.

By submitting this document, the attorney attests each entry is accurate and consistent with applicable instructions, to the best of his or her knowledge, information, and belief.

Attorney's Name: William Haro  
 First Last  
 Florida Bar Number: 030356

  
 Attorney's Signature  
 8/29/16  
 Date

**GENERAL DOCUMENT FILING**

**OLGA LEON DE MESA V. DOLLAR TREE**

**D/A: 3/14/14, 14-015941GCC**

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* BENEFITS SECURED:	<u>\$300.00 (Actual value)</u>
* AMOUNT OF ATTORNEY'S FEES (total, all sources):	<u>\$2,380.00</u>
* HOURS CLAIMED:	<u>11.9</u>
* AMOUNT OF COSTS:	<u>\$ 0.00</u>

**BASIS FOR ANY DEVIATION FROM GUIDELINE**

Secured pain management doctor per the PFB filed 3/8/16, which the E/C failed to authorize timely.

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