

**Workers' Compensation Board of Review**

PO Box 2628  
Charleston, WV 25329-2628  
(304)558-5230

**REQUEST FOR AWARD OF CLAIMANT'S  
ATTORNEY FEES and EXPENSES**

**WV Code §23-2C-21(c)**

**CLAIMANT'S NAME:**

**JCN:**

**DOI:**

**EMPLOYER:**

**DATE OF CLAIM  
ADMINISTRATOR'S  
"UNREASONABLE" ORDER:**

**REVERSED BY:**

**DATE REVERSED:**

Board of Review (attach decision)

Intermediate Court of Appeals / Supreme Court (attach mandate)

**Submitted by (please print):**

**Bar ID#**

**Address:**

**Date Form Submitted:**

**cc:**

**Signature: \_\_\_\_\_**