

Appendix 4

(Chapter 4-File Work Up)

1. Medical Authorizations (See Appendix 1).
2. S.C. Vocational Rehabilitation Authorization.
3. Request for OSHA Records.
4. Sample Medical Summary.
5. Sample Letter to Commission Establishing Claim.
6. Sample Medical Record Subpoena
7. Sample Subpoena Duces Tecum Language-Personnel Records, Etc.
8. Subpoena for Records-Chemicals, OSHA Records, Etc.
9. Social Security Administration—Appointment of Representative.
10. Letter and Subpoena to Employment Security Commission.
11. Letters Requesting OSHA Records.

**CONSENT FOR THE RELEASE
OF CONFIDENTIAL INFORMATION**

I, _____, SS# _____,

authorize South Carolina Department of Vocatinal Rehabilitation

to disclose to _____

the following information: My Complete S.C. Vocational Rehabilitation File.

Purpose of the disclosure is These Documents are Needed in Pending Legal Proceedings.

I understand that Vocational Rehabilitation Department records are protected under 34 C. F. R. Part 361 (The State Vocational Rehabilitation Services Program), 42 C.F.R. Part 2 (Alcohol and Drug Abuse Patient Records), and South Carolina Code Section 43-31-50 (1976) and cannot be disclosed without my written consent unless otherwise provided for in the law and regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.), and that in any event this consent expires automatically as described below:

One Year From Date Indicated Below.

Executed this _____ day of _____, 20_____.

Witness

Signature

Witness

Guardian or Authorized Representative Signature
Relationship: _____

**NOTICE OF DEMAND FOR
EMPLOYEE EXPOSURE AND MEDICAL RECORDS AND
HAZARD COMMUNICATION STANDARD DATA**

A. Employee Exposure Records, Medical Records, & Analyses Thereof.

Pursuant to 29 C.F.R. § 1910.1020 et. seq., please provide copies of the following records within 15 days of receipt of this notice as required by § 29 C.F.R. § 1910.1020(e),

1. All Employee Exposure Records as defined by OSHA statutes and 29 C.F.R. § 1910.1020(c)(5),
2. All Employee Medical Records as defined by OSHA statutes and 29 C.F.R. § 1910.1020(c)(6),
3. All Analyses of Employee Exposure Records and/or Employee Medical Records as defined by OSHA statutes and 29 C.F.R. § 1910.1020(c)(2).

This request applies to all employee exposure and medical records, and analyses thereof, whether or not the records are mandated by occupational safety and health standards. 29 C.F.R. § 1910.1020(b)(2).

This request applies to all employee exposure and medical records, and analyses thereof, made or maintained in any manner, including on an in-house or contractual basis. 29 C.F.R. § 1910.1020(b)(3).

B. Hazard Communication Data.

Pursuant to 29 C.F.R. § 1910.1200(e)(4), please provide the following:

1. Your written Hazard Communication Program,
2. A list of all hazardous chemicals known to be present in the workplace,
3. Copies of the Material Safety Data Sheets for all hazardous chemicals present in the workplace.

I hereby request and direct that you provide the above information to my designated representative:

M. Terry Haselden
P.O. Box 18182
Spartanburg, S.C. 29318
864-585-1045

Employee

Date

Social Security Number

Jane Doe v. Acme Contractors
Date of Injury: 6/24/90
Type of Injury: Hands
W.C.C. File No. XXXXXXXX
Our File No. XXXX

Rev. 6/06/91

*** M E D I C A L S U M M A R Y ***

| <u>DATE</u> | <u>DOCTOR AND TREATMENT</u> |
|-------------|--|
| 06/24/90 | <u>Mary Black Memorial Hospital Emergency Room</u> Both hands caught in rollers at work. Approx. 1 inch laceration to index finger of right hand; bleeding controlled; complains of pain at top and fingers of both hands, bruising noted to top and fingers of left hand and right hand. Crush injury both hands. Laceration right hands. Sutures. Dr. King. Lortab one very 4-6 hours. Ice to both hands, Duricef 2x per day. |
| 06/26/90 | <u>Dr. Charles King</u> She had her hand crushed in a machine at work and today she had her laceration sutured. I re X-rayed her hand and I still cannot see any evidence of a fracture. Keep her on hand elevation. We will see her back in a week and get her stitches out. Anticipate her being off work 3 to 5 weeks. |
| 07/03/90 | <u>Dr. Charles King</u> Her stitches are out. No evidence of infection. Could find no evidence of any kind of fracture although she complains of severe pain over the front metacarpal. She has very poor motion due to pain. I encouraged her to move as much as possible and I will check her back in about 2 1/2 weeks. |
| 07/24/90 | <u>Dr. Charles King</u> Her motion is much better. She is still complaining of pain at the base of the thumb, but x-rays are negative. I would still like to try to let her work and see her back in a couple of weeks. |
| 08/30/90 | <u>Dr. Charles King</u> Although she has a little pain in the dorsum of the hand, most of her stiffness is gone. I am going to discharge her. I think she can return back to full work and I will see her back PRN. |
| 01/08/91 | <u>Dr. Charles King</u> Her right hand is still giving her a lot of trouble. Most of her complaints are in the thumb and index finger. She |

has a lot of trouble making a fist. I would like to X-ray her.

- 01/10/91 Dr. Charles King
She still has a lot of swelling over the MCP joint of the thumb. Her stress views are normal. I can sublux it and the proximal phalanx at this time. I am going to put her on Tolectin 600 DS and check her back in about 2 months.
- 03/05/91 Dr. Charles King
Still having an awful lot of thumb swelling that is now to the MCP joints of the hand. I really cannot account for this from the trauma. She says that she has not reinjured it from the original injury last year. X-rays show no significant changes from a post traumatic standpoint. At this point her likely diagnosis might be a connective tissue disorder. I am going to send her for a rheumatoid and serology panel.
- 03/12/91 Dr. Charles King
Her hand is still a little swollen, but now she is pregnant and this certainly may account for some other things. Her rheumatoid panel is positive only for high cholesterol and elevated streptozyme. Certainly no one is going to treat her with anti-inflammatories early in her pregnancy and I believe that this will continue to resolve. If she continues to have pain then I would recommend that she see a rheumatologist to evaluate this hand. Otherwise, I will see her back prn. I find no impairment to her hand.

S.C. Workers' Compensation Commission
Judicial Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Employee:
Address:
Home Telephone No. ()
Work Telephone No. ()
Social Security No.
Employer:
Address:
Telephone No. ()
Insurance Carrier:
Date of Injury:
Location: county
Type of Injury/Part of Body Injured:
Description of Accident:
Our File No.

Dear Sir or Madam:

The injured employee has retained me for representation in a claim for injuries covered by the S.C. Workers' Compensation Act and to establish a claim prior to the expiration of the statute of limitations.

I am requesting the following documents if a file has been established.

- (X) First Report of Injury Form 12-A
- (X) Physician's Report(s) Form 14
- (X) Form 20

SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION
PO BOX 1715 * 1612 Marion Street
Columbia, South Carolina 29202-1715

WCC File #2908468
Carrier File #
Carrier Code #
Employer FEIN_

TERESA DIANN MILLER 309-60-5823
Claimant's Name SSN

ROPER CARE ALLIANCE
Employer's Name

35 10TH AVE., FOLLY BEACH, SC 29439
Address City State Zip

316 Calhoun St., Charleston, SC 29401
Address City State Zip

Home Phone Work Phone

SEDGWICK JAMES OF THE CAROLINAS
Insurance Carrier

FRED W. RIESEN, JR.
Preparer's Name

843-760-2450
Phone

SUBPOENA FOR PERSON DOCUMENTS OR OBJECTS
FOR A: DEPOSITION FOR A HEARING

TO: Records Custodian, Roper Hospital, 316 Calhoun Street, Charleston, SC 29401; Records Custodian, Sedgwick James of the Carolinas, PO Box 102110, Columbia, SC 29221

YOU ARE HEREBY COMMANDED to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY:
Date and Time:

YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE: RIESEN LAW OFFICES, 3660 W. Montague Avenue, N. Charleston, SC 29418
DATE: TIME:

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects)
Any and all records with regard to Claimant including but not limited to (See Attachment), and to provide same within ten (10) days from the receipt of this Subpoena for Documents or Objects. PLEASE NOTE: In lieu of appearing personally at the above place, date and time, the records or objects described herein may be submitted by mailing or delivery no later than 10 days from receipt of this subpoena to: Fred W. Riesen, Jr., Riesen Law Offices, 3660 W. Montague Avenue, N. Charleston, SC 29418. Please include a letter certifying that the enclosed records are, in fact, a complete copy of the requested records.

PLACE: RIESEN LAW OFFICES, 3660 W. Montague Ave., N. Charleston, SC 29418
Date: 12/7/99 Time: 10:00 a.m.

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below:
Premises: Date & Time:

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

By: Fred W. Riesen, Jr.
Attorney for Claimant
3660 W. Montague Avenue,
N. Charleston, SC 29418

Date: November 16, 1999
Telephone: (843) 760-2450

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803)737-5675).

SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION
PO BOX 1715 * 1612 Marion Street
Columbia, South Carolina 29202-1715

WCC File # 08468
Carrier File #
Carrier Code #
Employer FEIN_

TERESA DIANN MILLER 309-60-5823
Claimant's Name SSN

ROPER CARE ALLIANCE
Employer's Name

35 10TH AVE., FOLLY BEACH, SC 29439
Address City State Zip

316 Calhoun St., Charleston, SC 29401
Address City State Zip

Home Phone Work Phone

SEDGWICK JAMES OF THE CAROLINAS
Insurance Carrier

FRED W. RIESEN, JR.
Preparer's Name

843-760-2450
Phone

SUBPOENA FOR PERSON DOCUMENTS OR OBJECTS
FOR A: DEPOSITION FOR A HEARING

TO: Records Custodian, PHT Services, Inc. PO Box 21099, Columbia, SC 29221-1099 and Harold E. Trask, Esq., Sinkler & Boyd, PO Box 340, Charleston, SC 29402

YOU ARE HEREBY COMMANDED to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY:
Date and Time:

YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE: RIESEN LAW OFFICES, 3660 W. Montague Avenue, N. Charleston, SC 29418
DATE: TIME:

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects)
Any and all records with regard to Claimant including but not limited to (See Attachment),, and to provide same within ten (10) days from the receipt of this Subpoena for Documents or Objects. PLEASE NOTE: In lieu of appearing personally at the above place, date and time, the records or objects described herein may be submitted by mailing or delivery no later than 10 days from receipt of this subpoena to: Fred W. Riesen, Jr., Riesen Law Offices, 3660 W. Montague Avenue, N. Charleston, SC 29418. Please include a letter certifying that the enclosed records are, in fact, a complete copy of the requested records.

PLACE: RIESEN LAW OFFICES, 3660 W. Montague Ave., N. Charleston, SC 29418
Date: 1/17/2000 Time: 10:00 a.m.

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below:
Premises: Date & Time:

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

BY: Fred W. Riesen, Jr.
Attorney for Claimant
3660 W. Montague Avenue,
N. Charleston, SC 29418

Date: 1/3/2000
Telephone: (843) 760-2450

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803)737-5675).

SUBPOENA

SUBPOENA DUCES TECUM--DOCUMENTS SOUGHT

1. Complete files, records, and documents containing any information relating to claimant/employee's employment, his/her medical condition, and his/her workers' compensation claim, including, but not limited to, the following:

- a. employment files, records and documents,
- b. personnel files, records, and documents,
- c. medical files, records, and documents,
- d. insurance (any kind) files, records and documents,
- e. workers' compensation files, records, and documents,
- f. safety files, records, and documents,,
- g. short term disability files, records, and documents,
- h. long term disability files, records, and documents,
- i. nurse's files, records, and documents,
- j. company doctor's files, records, and documents,
- k. unemployment files, records, and documents,
- l. investigative files, records, and documents,
- m. accident files, records, and documents, including OSHA 200 logs and other OSHA documents,
- n. any other files, records, and documents containing information relating to claimant's employment, medical condition, and/or workers' compensation claim.

All files, records and documents should be produced in their original condition, with no documents removed or altered. These files and records should be produced whether in the physical possession of the employer, carrier, the attorneys of either, or any other agent or employee of the employer or carrier.

2. Item 1 above seeks **ALL** documents of any kind in the possession of the employer, carrier, the attorneys of either, and the agents and employees of either. **The term "all" means full, complete, unaltered, unadulterated, unabridged, etc.** The following is a partial list of some of the documents typically found in the aforesaid records and files:

- a. medical records and reports; doctors' excuses and return to work notes; work restriction documents; physical capacities forms; health insurance claim forms; disability insurance claim forms; short term and long term disability claim forms and payment records; bills and records of medical providers; bills and records of company nurses, first aid stations and plant doctors (including treatment logs and registers); records, reports and bills of rehabilitation nurses; records, reports and bills of private investigators; records of any investigation conducted by employer or carrier (of claimant/employee and/or the accident); video tapes; photographs; accident reports and records (workers' compensation and others);
- b. all workers' compensation commission forms, signed or unsigned, filed or unfiled;

- c. all attendance records; payroll records; salary records; time cards; time sheets; records of pay raises; work production (standards and output) records; records of off premises work orders or assignments; W-2 forms; 1099 forms;
- d. all personnel records; personnel evaluations; promotions; disciplinary records; work quality evaluations; job applications; physicals; awards; achievements; certificates; job descriptions; termination notices; ergonomic assessments of work duties;
- e. all records maintained pursuant to OSHA, DHEC, or other federal or state government statute or regulation;
- f. statements and affidavits, written or recorded, taken from any co-workers or other persons having information pertaining to this workers' compensation claim;
- g. correspondence between the employer (its agents or employees) and medical providers, insurance carriers (workers' compensation and others), investigators, and any other persons (other than your attorney) which pertain in any way to this claim and/or claimant's medical condition;
- h. memorandums or other notes of any conversations between the employer (its agents or employees) and medical providers, insurance carriers (workers' compensation and others), investigators, and any other persons (other than your attorney) which pertain in any way to this claim and/or claimant's medical condition;

The preceding list does **NOT** limit the records sought. This subpoena still seeks **ALL** records or documents within the ambit of item 1. It is meant only as an illustration of **some** of the documents and records sought.

3. Production of any portion of the documents requested will be deemed a representation by the party responding to the request, and its attorney, that no other documents or records covered by the terms of this subpoena exist. In other words, partial responses concluding with the phrase "Call me if you need anything else" will not satisfy the terms of this subpoena.

4. **The records and documents covered by the terms of this subpoena should be produced whether kept in a physical file or folder, or kept loose, scattered, at large, free form, etc.**

5. Unless otherwise indicated, this subpoena seeks original documents and records. Copies or reproductions are unacceptable unless authorized by separate cover.

6. Records, documents and files sought herein should be produced whether in written, recorded, electronic, digital, or any other format.

7. If the attached subpoena is not directed to a specific individual, the employer and carrier are required to designate a representative having knowledge of the documents sought.

South Carolina Workers' Compensation Commission
P.O. Box 1715, 1621 Marion Street
Columbia, South Carolina 29202-1715

WCC File#
Carrier File#
Carrier Code #
Employer FEIN

Claimant's Name SSN
Address City State Zip
(803)
Home Phone # Work Phone #

Employer's Name
Address City State Zip
Insurance Carrier

Carl H. Jacobson, Esq. 17 1/2 Broad Street, Charleston, SC 29401 (803) 723-7491
Preparer's Name Address Phone#

TO: _____

YOU ARE COMMANDED to appear before the above named Commission at the place, date and time specified below to testify in the above case.

Place Of Testimony: _____ ROOM: _____
DATE AND TIME: _____

YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects):

(see attached hereto)

9. an inventory and order sheets for all chemicals that were used at the Charleston County plants from 1963 through 1996; 10. a copy of all records relating to plant safety inspections related to chemicals that were used on the two Charleston County plants from 1963 through 1996, and to provide the same immediately, or at least within ten (10) days upon receipt of this Subpoena Duces Tecum to the undersigned attorney.

PLACE: Carl H. Jacobson, Esq. DATE AND TIME: within ten (10) days
Uricchio, Howe & Krell, P.A. upon receipt of this Subpoena
17 1/2 Broad Street, Charleston, SC 29401 Duces Tecum

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

ISSUING OFFICER'S SIGNATURE AND TITLE (803) 723-7491 February 27, 1998
Carl H. Jacobson, Esq., PHONE # Date
with Uricchio, Howe & Krell, P.A.

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

WCC FORM #27 REV. DATE 3/96

SUBPOENA

Attachment to Subpoena Duces Tecum

WCC FILE NO.:

To provide to the law firm of Uricchio, Howe & Krell, P.A., 1. a list of any and all chemicals that were used at the employer's plant in the Charleston County area from Claimant's date of employment 1963 through 1996; 2. a copy of the Claimant's employment application, annual reviews, and all other related documents from 1963 through 1996; 3. a copy of all OSHA, or similar State/Federal regulatory agency, investigations of the employer from 1963 through 1996, including, a copy of all citations for violations of said regulations or fines imposed upon and paid by the employer; 4. Blueprints, and all other documents that depict or show the ventilation systems installed in the employer's two plants in the Charleston County area from 1963 through 1996; 5. a list of all chemicals that were monitored by the employer in its plants located in Charleston County from 1963 through 1996; 6. the DHEC/or other similar agency's manifest sheets for all chemicals delivered to the employer from 1963 thorough 1996 in its Charleston County plants; 7. a copy of any and all procedures and/or operation's manuals, including a description of all chemical substances used during said procedures from 1963 through 1996; 8. itemize and provide all chemical information sheets, all chemicals that were delivered to, and used by the employer at its two Charleston County locations from 1963 through 1996;

Please read the back of the last copy before you complete this form.

| | |
|---------------------------------|------------------------|
| Name (Claimant) (Print or Type) | Social Security Number |
| Wage Earner (If Different) | Social Security Number |

Part I APPOINTMENT OF REPRESENTATIVE

I appoint this person, _____
(Name and Address)

to act as my representative in connection with my claim(s) or asserted right(s) under:

- Title II (RSDI)
 Title XVI (SSI)
 Title IV FMSHA (Black Lung)
 Title XVIII (Medicare Coverage)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

I am appointing, or I now have, more than one representative. My main representative is _____
(Name of Principal Representative)

| | |
|--|---------|
| Signature (Claimant) | Address |
| Telephone Number (with Area Code) () | Date |

Part II ACCEPTANCE OF APPOINTMENT

I, _____, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)

I am an attorney. I am not an attorney. (Check one.)

| | |
|--|---------|
| Signature (Representative) | Address |
| Telephone Number (with Area Code) () | Date |

Part III (Optional) WAIVER OF FEE

I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligations, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

| | |
|----------------------------|------|
| Signature (Representative) | Date |
|----------------------------|------|

Part IV (Optional) ATTORNEY'S WAIVER OF DIRECT PAYMENT

I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability insurance or black lung benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

| | |
|-------------------------------------|------|
| Signature (Attorney Representative) | Date |
|-------------------------------------|------|

CERTIFIED MAIL--RETURN RECEIPT REQUESTED

S.C. Employment Security Commission
Benefits Division
P. O. Box 995
Columbia, SC 29202

RE: (CLAIMANT/SSN)

Dear Sirs:

Please allow this letter to serve as a Freedom of Information request. Enclosed please find a Subpoena Duces Tecum for wage information on (CLAIMANT). Please provide this specific information to me within ten (10) days of your receipt of this subpoena.

With kindest personal regards, I am

Sincerely,

(ATTORNEY)

cc: (CLAIMANT)
(ADJUSTER)

South Carolina Workers' Compensation Commission
P.O. Box 1715, 1621 Marion Street
Columbia, South Carolina 29202-1715

WCC File# _____
Carrier File# _____
Carrier Code # _____
Employer FEIN _____

| Claimant's Name | | | | SSN | Employer's Name | | | | |
|-----------------|------|--------------|-----|-------------------|-----------------|------|-------|-----|--|
| Address | City | State | Zip | | Address | City | State | Zip | |
| (803) | | (803) | | | | | | | |
| Home Phone # | | Work Phone # | | Insurance Carrier | | | | | |

Carl H. Jacobson, Esq. 17 1/2 Broad Street, Charleston, SC 29401 (843) 723-7491
Preparer's Name Address Phone#

TO: S.C. Employment Security Commission, Benefits Division, P. O. Box 995,
Columbia, SC 29202

YOU ARE COMMANDED to appear before the above named Commission at the place, date and time specified below to testify in the above case.

Place Of Testimony: _____ ROOM: _____

DATE AND TIME: _____

YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

x YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects): Pursuant to the Freedom of Information Act, provide to the law firm of Uricchio, Howe & Krell, P.A., any and all wage information for the four (4) periods preceding the accident of July 14, 1998, regarding the employment of (CLAIMANT), social security number: 123-45-6789, date of birth: 00/00/00 and to provide the same immediately, or at least within ten (10) days upon receipt of this Subpoena Duces Tecum to the undersigned attorney.

PLACE: Carl H. Jacobson, Esq.
Uricchio, Howe & Krell, P.A.
17 1/2 Broad Street, Charleston, SC 29401

DATE AND TIME: within ten days upon
receipt of this Subpoena Duces Tecum

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

| | | |
|--|----------------|------|
| ISSUING OFFICER'S SIGNATURE AND TITLE | (843) 723-7491 | Date |
| Carl H. Jacobson, Esq., with Uricchio, Howe & Krell, P.A. | PHONE # | |

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

February 23, 1998

CERTIFIED, RETURN RECEIPT REQUESTED
RECEIPT NO. Z427 289 723

USDL, OSHA
200 Constitution Ave., N.W.
Washington, D.C. 20212
Attn: FOIA REQUEST

RE: My Client:
D/Loss : January 30, 1997

Gentlemen:

Please be advised that I have been retained to represent the interests of _____ when he sustained personal injuries on January 30, 1997 while working for WCI Outdoor Products, Inc. d/b/a American Yard Products. I enclose a copy of the Employer's First Report of Injury form regarding this incident for your reference.

I would appreciate a copy of all of the information that you have been able to obtain pursuant to your investigation of this matter. I am making this request pursuant to the Federal Freedom of Information Act. I will reimburse you for your costs associated with this request up to \$100.00. Should your costs be more than this, please call my paralegal, Patricia Macaione.

Thank you in advance for your assistance in this matter.

With kindest personal regards, I am

Sincerely,

URICCHIO, HOWE, KRELL, JACOBSON,
TOPOREK & THEOS, P.A.

Carl H. Jacobson

March 2, 1998

CERTIFIED, RETURN RECEIPT REQUESTED
RECEIPT NO. Z427 478 307

OSHA
Public Information
P.O. BOX 11329
Columbia, SC 29211-11329

RE: My Client:
D/Loss : January 30, 1997

Gentlemen:

Please be advised that I have been retained to represent the interests of _____ when he sustained personal injuries on January 30, 1997 while working for WCI Outdoor Products, Inc. d/b/a American Yard Products. I enclose a copy of the Employer's First Report of Injury form regarding this incident for your reference.

I would appreciate a copy of all of the information that you have been able to obtain pursuant to your investigation of this matter. I am making this request pursuant to the Freedom of Information Act. I will reimburse you for your costs associated with this request up to \$100.00. Should your costs be more than this, please call my paralegal, Patricia Macaione.

Thank you in advance for your assistance in this matter.

With kindest personal regards, I am

Sincerely,

URICCHIO, HOWE, KRELL, JACOBSON,
TOPOREK & THEOS, P.A.