FILE NAME: Contract Unit Workers Comp Claims (WCC)

DATE: 1960

DOC#: WCC035

DOCUMENT DESCRIPTION: Workers Comp File - Templeton, Dean

Contains all documents found in the Claimant's file, with one blank page between each separate document

1223

Dean Templeton (J-M OCF)

STATE OF MICHIGAN

WORKMEN'S COMPENSATION DEPARTMENT

DEAN TEMPLETON,
Plaintiff,

vs.

[illegible] INSURANCE COMPANY, [illegible] COMPANY, [illegible] CORPORATION, [illegible] COMPANY, [illegible] COMPANY, [illegible] MUTUAL LIABILITY COMPANY, [illegible] COMPANY, [illegible] INSURANCE COMPANY, [illegible] COMPANY, [illegible] INSURANCE COMPANY, [illegible] COMPANY, and [illegible] INSURANCE COMPANY,
Defendants.

ORDER APPROVING ATTORNEY FEES

In this cause the plaintiff having been represented by [illegible], attorney at law, and said attorney having filed a petition asking for approval of an attorney fee of $[illegible], including expenses, and the Director believing that a fee of $[illegible], including expenses of $11.00 is just and reasonable for the services rendered;

It is THEREFORE ORDERED that an attorney fee of $[illegible], including expenses of $11.00 be approved.

Dated and entered at Lansing, Michigan, this [illegible] day of [illegible], A. D. 19[illegible]

WORKMEN'S COMPENSATION DEPARTMENT

[illegible]
Director

[illegible]

MAILED
NOV 5 1961
WORKMEN'S COMPENSATION DEPT
LANSING, MICH.

Form 104

STATE OF MICHIGAN

WORKMEN'S COMPENSATION DEPARTMENT

APPLICATION FOR HEARING AND ADJUSTMENT OF CLAIM

THIS FORM TO BE USED FOR
1. All compensation claims ☐
2. Petitions for additional medical ☐
3. Petitions to fix fees ☐
4. Lump sum payment ☐

EMPLOYEE Dean Templeton 5885 McGuire Taylor Township
(Street Address) (City)

EMPLOYER Johns-Manville Sales Corp., 832 Fisher Bldg., Detroit, Mich.
and Owens-Corning Fibreglas Corp., 15300 W. 8 Mile Rd., Oak Park, Mich.
Brown Insulation Company, 16200 Hubbell, Detroit, Mich.
(Street Address) (City)

INSURANCE CARRIER Aetna Co- Travelers Mutual Mutual
(Do not fill in unless known)

The applicant respectfully shows:

1. That this claim relates to a personal injury which occurred on or about _____;

OR to a disablement from occupational disease which occurred on or about 6/17/60

2. That the injury or disablement occurred at Detroit (City) Wayne (County) Michigan (State) and in the following manner: Employee exposed to unusual amounts of dust, asbestos and other irritants.
(Give details)

MAILED
AUG 3 1960
WORKMEN'S COMPENSATION DEPT.
LANSING, MICH.

6/17/60 (Last day worked) _____ (Daily Wage at time of injury or disablement) _____ (Weekly earnings)

3. Nature of disability Injury to lungs and chest, pneumoconiosis, asbestosis, bronchitis, ronchiectasis, pneumothorax, related conditions and the sequelae thereof; traumatic neurosis.
(Describe part of body injured. If occupational disease, state specific disease)

Date of recovery Not recovered. Date of return to work Not returned.

4. If death resulted, give date of death _____ Relationship of applicant to deceased _____

5. Names of persons dependent upon injured employee on date of injury Wife, Charlene; Son, Mark.

6. If adjustment of attorney or medical fees or funeral expense is sought, please state which and amount _____

Wherefore applicant requests that he be granted such relief as he is entitled to under the Workmen's Compensation Law of Michigan and that the Department set this matter for hearing so that the parties hereto may have a determination of their rights under the Workmen's Compensation Law.

Dated at Detroit this 8th day of July 1960

Clarence R. Constan
Attorney for Plaintiff
23800 Van Born Road
Dearborn, Michigan
CR 8-1110

Signed Dean Templeton
(Applicant must sign here)

Address 5885 McGuire, Taylor, Mich.

NOTE:—Either party to a dispute regarding compensation matters may apply to the Department for an adjustment of its claim. Three copies of this application must be mailed to the Workmen's Compensation Department, Lansing 13, Michigan. The applicant should keep one copy.

RECEIVED
JUL 19 1960
WORKMEN'S COMPENSATION DEPT.
LANSING, MICHIGAN

STATE OF MICHIGAN

KMEN'S COMPENSATION DEPARTMENT

LANSING 13, MICHIGAN

August 3, 1960

ice R. Consten, Atty.
Van Born Rd.
born, Michigan.

Travelers Insurence Co.
930 Dime Bldg.
Detroit, Michigan.

hns-Manville Sales, Corp.
32 Fisher Bldg.
Detroit, Michigan.

Aetna Casualty & Surety Co.
1000 Guardian Bldg.
Detroit, Michigan.

Owens-Corning Fibreglas Corp.
15300 W. 8 Mile Rd.
Oak Park, Michigan.

Michigan Mutual Liability Co.
28 W. Adams
Detroit, Michigan.

Brown Insuletion Co.
16200 Hubbell
Detroit, Michigan.

RE: DEAN TEMPLETON VS: JOHNS-MANVILLE SALES CORP., ET AL.

Gentlemen:

An Application for Hearing and Adjustment of Claim has been filed and the case will be set for hearing at the earliest possible date. You will be duly notified of the exact time and place of hearing.

It will be necessary for you and your witnesses, if any, to be present at this hearing. If medical testimony is important you should have your doctor present. A mere statement or affidavit from him cannot be accepted as evidence.

If any medical or funeral expenses have been incurred an itemized statement of such expenses should be presented at the time of the hearing.

If for any reason you will not be able to proceed when the case is set for hearing, kindly advise the Department immediately.

We are forwarding a copy of the Application for Hearing and Adjustment of Claim to the opposite party.

Very truly yours,

Secretary of the Department

bern
Ass

es.

Form 15

STATE OF MICHIGAN
WORKMEN'S COMPENSATION DEPARTMENT
LANSING, MICHIGAN

NOTICE OF HEARING

PLAINTIFF		DEFENDANTS
Dean Templeton, 2885 Redmire, Taylor, Mich.	Johns-Manville Sales Corp., 612 Fisher Bldg., Detroit, Mich.	Owens Insulation Co., 16200 Mitchell, Detroit, Mich.
Clarence R. Gresham, Atty., 838 Van Born Rd., Dearborn, Mich.	Travelers Ins. Co., 933 Penobscot Bldg., Detroit, Mich.	Michigan Mutual Liab. 28 W. Adams, Detroit, Mich.
	Lacey & Jones, Attys., 1134 Penobscot Bldg., Detroit, Mich.	Herman J. LeVasseur Atty., 682 Penobscot Bldg., Detroit, Mich.
	Owens-Corning Fiberglas Corp., 15700 W. 8 Mile Rd., Oak Park, Mich.	
	Aetna Ins. & Surety Co., 2000 Guardian Bldg., Detroit, Mich.	

STATE OF MICHIGAN,
County of Ingham

Date of Injury
Jan. 17, 1960

To the above named parties and each of them:

PLEASE TAKE NOTICE that a hearing on this case will be held before a Representative of the Workmen's Compensation Department on the matter indicated below:

- (X) application for hearing and adjustment of claim
- ( ) agreement to redeem liability
- ( ) application for a lump sum advance
- ( ) petition for additional medical benefits
- ( ) order or petition for additional testimony
- ( ) petition for determination of rights
- ( )

at the 18th FLOOR, CADILLAC SQUARE BUILDING, in the city of DETROIT, county of WAYNE, State of Michigan, on the 16th DAY OF December, 19 60 commencing at 9:00 o'clock in the forenoon, LOCAL time.

YOU ARE DIRECTED to be present at the time and place above mentioned and to be prepared to proceed with the hearing with such witnesses and proofs as are necessary.

If approval of attorney fees is required, the attorney must file a statement of the proposed fee on or before the date of the hearing.

WORKMEN'S COMPENSATION DEPARTMENT

Edward H. K
Secretary of the Department Asst. Director

Dated at Lansing, Michigan, this 8th day of Nov. 1960,

DEFENDANTS

Johns-Manville Sales Corp.
832 Fisher Bldg.
Detroit, Mich.

Travelers Ins. Co.
930 Dime Bldg.
Detroit 26, Mich.

Mansfield, DeWitt,
Sulzbach & Jenkins
Attorneys at Law
1912 Guardian Bldg.
Detroit 26, Mich.

Owens-Corning Fibreglas Corp.
15300 W. 8 Mile Rd.
Oak Park, Mich.

Aetna Casualty & Surety Co.
1000 Guardian Bldg.
Detroit 26, Mich.

Alexander, Buchanan & Conklin
Attorneys at Law
2217 First National Bldg.
Detroit 26, Michigan

Brown Insulation Co.
16200 Hubbell
Detroit, Mich.

Michigan Mutual Liability Co.
28 W. Adams
Detroit 26, Mich.

LeVasseur and Werner
Attorneys at Law
515 Ford Bldg.
Detroit 26, Mich.

R. H. Andersen, Inc.
20483 Woodingham
Detroit, Mich.

Michigan State Accident Fund
1602 Cadillac Tower
Detroit 26, Michigan

Glanz & Killian Co.
1761 W. Forest
Detroit, Michigan

General Accident Assurance Corp.
15440 W. McNichols
Detroit, Michigan

PRAECIPE FOR HEARING
Workmen's Compensation Department
State of Michigan

Dean Templeton, 5885 McGuire, Taylor, Mich.
Plaintiff

Johns-Manville Sales Corp., et al (See attached list)
Defendant

Date of Injury, June 17, 1960

To:
Director
Workmen's Compensation Department
1800 Cadillac Square Building
Detroit 26, Michigan

Please place the above entitled cause for hearing on the ( ) First Hearing Docket or (X) Regular Trial Docket.

I, counsel for Plaintiff in the above cause, hereby certify that a copy of this praecipe has been served upon all opposite parties.

I, counsel for the Plaintiff have discussed this cause with counsel for Defendants and we have discussed all possibilities of amicable agreement and I am prepared for trial on the issues.

I, counsel for the Plaintiff certify that ( ) no medical examination needed in this cause or ( ) Defendant has complied with Section 19 of Part II and has furnished medical reports to the plaintiff.

/s/ David M. Roberts
David M. Roberts
Attorney for Plaintiff

23460 Church Rd., Oak Park 37, Mich.
Address

See attached list.
Attorney for Defendant

Address

Detroit 26, Michigan February 17, 1961

This praecipe must be filed with the Workmen's Compensation Department, Detroit, Michigan

TO: WORKMEN'S COMPENSATION DEPARTMENT
DETROIT 26, MICHIGAN

STATE OF MICHIGAN } ss.
COUNTY OF WAYNE }

PROOF OF SERVICE

Mary Slahunek, being first duly sworn, deposes and says that on the 17th day of February, A.D. 1961, she caused to be served on Above named defendants and attorneys (See attached list), attorney(s) for the above named defendant, a copy of this PRAECIPE FOR HEARING by placing same in an envelope addressed to (See attached list) All companies and attorneys.

and depositing the same with postage duly prepaid in the United States mail chute in the David Stott Building

Mary Slahunek

Subscribed and sworn to before me
this 17th day of Feb. A.D., 1961

Notary Public, Wayne County, Michigan

My commission expires:

STATE OF MICHIGAN

WORKMEN'S COMPENSATION DEPARTMENT

DEAN TEMPLETON,
Plaintiff

vs

R. H. ANDERSON, INC. and
STATE ACCIDENT FUND,
Defendants.

MOTION TO DISMISS

Now comes the Michigan State Accident Fund and moves to dismiss as against itself the Application filed by the last employer and its insurance carrier and Attorneys in connection with an Application for Apportionment under Section 9, Part VII of the Workmen's Compensation Act for the reason that the above named plaintiff, Dean Templeton, was employed by the R. H. Anderson, Inc. on April 17, 1958 and April 18, 1958 -- a period of two days -- on which dates the State Accident Fund was not the duly recorded Workmen's Compensation carrier for R. H. Anderson, Inc.

Further, in support of this Motion to Dismiss, the Michigan State Accident Fund avers that their policy became effective on July 15, 1958.

WHEREFORE, the State Accident Fund respectfully requests an Order from the Department dismissing them as a Defendant under the Apportionment Application.

R. H. ANDERSON, INC. and
MICHIGAN STATE ACCIDENT FUND

February 22, 1961

COPY

Workmen's Compensation Department
Lansing 13, Michigan

RE: Dean Templeton vs R. H. Anderson, Inc.

Gentlemen:

Enclosed herewith please find Motion to Dismiss in the above entitled cause.

Very truly yours,

STATE ACCIDENT FUND

Richard C. Rogers
Attorney

RCR:bjb

Encl.

cc: John-Manneville Sales Corp. ✓
Travelers Ins. Co.
Mansfield, DeWitt, Sulsbach & Jenkins, Attys.
Owens-Corning Fiberglas Corp.
Aetna Casualty & Surety Co.
Alexander, Buchanan & Conklin, Attys.
Brown Insulation Co.
Michigan Mutual Liability Co.
LeVasseur & Werner, Attys.
R. H. Anderson, Inc.
Glenn & Killian Co.
General Accident Assurance Corp.
Mr. David M. Roberts, Atty.
Mr. H. F. Briggs

Workmen's Compensation Department

NOTICE OF HEARING DATE

DEAL TEMPLETON
Plaintiff

JOHN-MANSVILLE SALES CORP.
OWENS-CORNING FIBERGLAS CORP.
ERON INSULATING CO.
R. H. ANDERSON INC.
GLANZ & KILLIAN CO.
Defendant
TRAVELERS INS. CO.
AETNA CASUALTY & SURETY CO.
MICHIGAN MUTUAL LIABILITY CO.
STATE ACCIDENT FUND Insurance Company
GENERAL ACCIDENT ASSURANCE CORP.

CLARENCE R. CONSTAN
DAVID A. ROBERTS
Attorney

MARSFIELD, DEWITT & SULLIVAN
ALEXANDER, BUCHANAN & COCHRAN
LEVANDER, ARRIGHI Attorney & MIDDLE
RICHARD ROGERS, ATTY.

The above captioned matter will be heard on March 20, 1961 or as soon thereafter as possible at 1800 Cadillac Square Building, in the city of Detroit, Michigan, commencing at 9:00 o'clock in the forenoon, LOCAL time.

You are directed to be present at the time and place above mentioned and to be prepared to proceed with the hearing with such witnesses and proofs as are necessary.

WORKMEN'S COMPENSATION DEPARTMENT

Director

Dated March 6, 1961

Workmen's Compensation Department

AMENDED NOTICE OF HEARING DATE

DEAN TEMPLETON
Plaintiff

JOHN-MANSVILLE SALES CORP.
OWENS-CORNING FIBERGLAS CORP.
BROWN INSULATING CO.
R. H. ANDERSON INC.
GLANZ & KILLIAN CO.
Defendant

TRAVELERS INSURANCE CO.
AETNA CASUALTY & SURETY CO.
MICHIGAN MUTUAL LIABILITY CO.
STATE Insurance Company ACCIDENT FUN
GENERAL ACCIDENT ASSURANCE CORP.

CLARENCE R. CONSTAN
DAVID M. ROBERTS
Attorney

MANSFIELD, DEWITT & SULZBACH
ALEXANDER, BUCHANAN & CONKLIN
LEVASSEUR, WERNER Attorney & MITSEFF
RICHARD ROBERS, ATTY.

The above captioned matter will be heard on April 12, 1961 or as soon thereafter as possible at 1800 Cadillac Square Building, in the city of Detroit, Michigan, commencing at 9:00 o'clock in the forenoon, LOCAL time. This matter has been reset because the medical examinations will not be completed until March 27, 1961.

You are directed to be present at the time and place above mentioned and to be prepared to proceed with the hearing with such witnesses and proofs as are necessary.

WORKMEN'S COMPENSATION DEPARTMENT

David Jenning
By Director

Dated March 9, 1961

STATE OF MICHIGAN

WORKMEN'S COMPENSATION DEPARTMENT

MAILED
JUN 12 1961
WORKMEN'S COMPENSATION DEP'T.
LANSING, MICH.

[redacted]

REDEMPTION ORDER

The agreement to redeem the employer's entire liability for an injury sustained by the plaintiff on [redacted] by a single payment in lieu of weekly payments having been considered by a Hearing Referee of the Workmen's Compensation Department and it appearing that said agreement should be: approved; denied;

THEREFORE, IT IS ORDERED that said agreement to redeem the employer's entire liability for weekly payments herein by the payment of $[redacted] be: approved; denied;

IT IS FURTHER ORDERED that said sum be paid as follows:

$_____ directly to _____, attorney(s) for plaintiff for all legal services rendered, including all expenses in connection therewith;

$_____ directly to _____ for medical expenses
(specify type or none)

$_____ directly to the plaintiff, being the balance;

IT IS FURTHER ORDERED that defendant(s) shall also complete the payment of weekly compensation of $_____ per week until _____, 19__;

IT IS FURTHER ORDERED, that [redacted] shall pay the cost of the transcript of the hearing herein.

[redacted]
Hearing Referee

Signed this [redacted] day of [redacted] 19[redacted]

County of [redacted]

THE ABOVE ORDER IS ENTERED IN ACCORDANCE WITH THE PROVISIONS OF ACT NO. 10, PUBLIC ACTS, FIRST EXTRA SESSION OF 1912, AS AMENDED. IF A REQUEST BY ANY OF THE PARTIES FOR REVIEW BY THE DIRECTOR, OR NOTICE OF REVIEW BY THE DIRECTOR ON HIS OWN MOTION, IS NOT FILED WITHIN 15 DAYS FROM THE MAILING DATE OF THIS ORDER, IT SHALL STAND AS THE FINAL DECISION OF THE WORKMEN'S COMPENSATION DEPARTMENT.

11

FORM [illegible]
11

STATE OF MICHIGAN

WORKMEN'S COMPENSATION DEPARTMENT

DECISION

[illegible] by Employers on attached sheet

[illegible]

Employer-Insurer(s)

A hearing having been held [illegible] 19[illegible] at [illegible]

Michigan, on application of plaintiff [illegible] for benefits:

[illegible] ment by the above named employer on [illegible], 19[illegible], and, as of said date of injury, said employee had an average weekly wage of $[illegible], is skilled ( ) common ( ) labor, and had the following dependents: [illegible]

[illegible]

An agreement to redeem the employee's [illegible] for injury [illegible]

IT IS THEREFORE ORDERED that [illegible] Defendant(s) pay compensation at the rate of $[illegible] per week for [illegible] disability to said employee [illegible] by a single payment in lieu of weekly

from [illegible] 19[illegible] to [illegible] 19[illegible] inclusive,

from [illegible] 19[illegible] to [illegible] 19[illegible] inclusive,

from [illegible] 19[illegible] to [illegible] 19[illegible] inclusive,

and for partial disability at the rate of $[illegible] per week.

from [illegible] 19[illegible] to [illegible] 19[illegible] inclusive,

and further, that said employee is still totally - partially disabled and Defendant(s) shall pay compensation at the rate of $[illegible] until further order of the Department; and, that said Defendant(s) shall reimburse said employee $[illegible] for [illegible]

(specify whether medical, hospital, etc.)

with interest thereon at the rate of 5% per annum from the date each payment was due until paid.

IT IS THEREFORE ORDERED that the employee is entitled to receive from said defendant(s) compensation at the rate of $[illegible] per week for the specific period of [illegible] weeks from [illegible] 19[illegible] for the loss of [illegible]; and, that said Defendant(s) shall reimburse said employee $[illegible]

(specify whether medical, hospital, etc.)

with interest thereon at the rate of 5% per annum from the date each weekly payment was due until paid.

[illegible]

IT IS THEREFORE ORDERED that said Defendant(s) shall pay compensation to said Applicant(s) at the rate of $[illegible] per week as total - partial dependents of [illegible]

(employee)

from [illegible] 19[illegible], until further order of the Department but not to exceed 450 weeks from the date of death of said employee; and further, that said Defendant(s) shall pay $[illegible] as follows: [illegible]

(specify whether medical, hospital, etc.)

with interest thereon at the rate of 5% per annum from the date each weekly payment was due until paid.

[illegible]

[illegible] Employer's application to Specify Standard [illegible] for lack of prosecution.

MAILED

OCT 4 1961

WORKMEN'S COMPENSATION DEPT.

LANSING, MICH.

[illegible]

Hearing Referee

Dated this [illegible] Day of [illegible] A.D. 19[illegible]

ORDER A CLAIM FOR REVIEW IS FILED BY EITHER PARTY WITHIN TEN DAYS FROM THE DATE STAMPED HEREON AS "MAILED DATE", THIS DECISION SHALL STAND AS THE FINAL DECISION OF THE WORKMEN'S COMPENSATION DEPARTMENT.

NO ATTORNEY FEE IN EXCESS OF 25% OF THE COMPENSATION ACCRUED IS AUTHORIZED, EXCEPT UPON SPECIAL APPROVAL BY THE DEPARTMENT FOR SERVICES OF SAID FEE.

PLAINTIFF

Dean Pendleton

Clarence E. Cowham, Atty

David H. Roberts, Atty. of Counsel

DEFENDANTS

Johns-Manville Sales Corp.

Travelers Insurance Co.

Armfield, Moffitt & Burnbach, Attys.

Owens Corning Fiberglas Corp.

Fibreboard Corp.

Cassidy & Dorsey Co.

Alexander, Buchanan & Conklin, Attys.

Brown Insulating Co. - Mich. Mutual Liab.

Heffernan & Varney, Attys.

L. H. Anderson, Inc. - State Accident Ins.

Richard H. Rogers, Atty.

Olms & Killian Co.

General Accident Assur. Corp.

Kenny, Jones, Attys.

Hunter Cork Company

Cyclotherm & Dan Construction Co.

Employers Mutual Liab. Ins. Co.

Kelly Carey Co.

General Accident Ins. Co.

Insulcell Company

Long Insurance Co.

AFFIDAVIT

STATE OF COLORADO)
) ss:.
COUNTY OF JEFFERSON)

R. B. VON WALD being duly sworn according to law deposes and says he is Vice President and Corporate Counsel of JOHNS-MANVILLE SALES CORPORATION, a defendant in this action, that he is authorized to make this Affidavit on its behalf and that the facts set forth in the foregoing pleading have been supplied to him by others upon whom he relies and are true and correct to the best of his knowledge, information and belief.

R. B. VON WALD

Sworn and subscribed to
before me this 2nd day
of June, 1982.

Leslie K. Betley
NOTARY PUBLIC

My Commission Expires My Commission expires Oct. 15, 1984

P.O. Box 5723
Denver, CO 80217