State Bar of Michigan

Workers' Compensation Section Newsletter

Winter 2010

Medicare Conditional Payments—You Can Pay and Appeal

By Chuck Palmer

We are always waiting at least 3-6 months or more to get the Medicare conditional payment letter in order to be able to redeem our cases. This significant delay creates pressure to simply accept the conditional payment amount in order to get plaintiffs their money. But a recent case I handled for a medical malpractice victim illustrates how you can pay the conditional payment claimed, yet still appeal the amount and later get a revised amount.

In 2009 I was contacted by a woman whose medical malpractice attorney had agreed to settle her case before knowing the conditional payment amount. Although the settlement was $900,000.00, they found out after signing the settlement papers that Medicare was demanding conditional payments of $198,119.88. The malpractice attorneys weren't very familiar with the Medicare conditional payment appeal process, and had requested a waiver. Based on the client's substantial recovery, even after the conditional payment, there was no way she was going to qualify for a waiver, which requires showing the repayment would create a financial hardship for her.

Fortunately, the malpractice attorney had also written a response to the conditional payment letter, asserting that not all of the medical bills claimed were a direct result of the medical malpractice. The client had been on Social Security disability at the time of the malpractice, and had a number of significant pre-existing health issues. However, because the lawyer followed up that letter with a specific request for waiver, the Medicare Secondary Payment Recovery Contractor (MSPRC) never considered the request for a reduction in the conditional payments.

I took over the appeal after the federal contractor, Maximus Federal Services, had denied her request for a waiver. I then appealed to a Medicare administrative law judge. At the Medicare hearing, I asserted that MSPRC had failed to consider the request to reduce the amount

Continued on next page

Contents

This newsletter is published by the Workers' Compensation Section, State Bar of Michigan

Tom Ruth, Newsletter Editor

Opinions expressed herein are those of the authors or the editor and do not necessarily reflect the opinions of the section council or the membership.

Material for publication should be sent to the editor at:

4301 Fashion Square Blvd.
Saginaw, MI 48603
tomrut@bkf-law.com

Medicare Conditional Payments ...
Continued from page 1

of conditional payments. The judge agreed and remanded the case back to Maximus. Maximus responded by saying they didn't have to consider it and that my request was untimely. I appealed it back to the ALJ, who found that the previous attorney had timely appealed that issue and specifically ordered the file remanded to the MSPRC.

To my surprise and my client's delight, MSPRC, upon reviewing the file, found that the correct amount of conditional payments totaled $66,574,03, resulting in a refund of $131,545.85—a happy ending for a long and tortuous process.

By paying the conditional amount claimed AND appealing that finding, the claimant avoided the risk of paying additional interest and penalties to Medicare, yet was able to obtain a satisfactory result. Obviously, most workers' compensation claims involve smaller numbers, but in some cases, the amounts are substantial enough to justify the time and effort to appeal the conditional payments claimed. So if you receive a conditional payment letter requesting an amount that is much higher than it should be, you should seriously consider paying the amount *and* appealing for a reduction of the amounts. 🛠

Notes from the Director

By Jack Nolish, Director, WCA

This issue's article is very brief. In fact, I am borrowing most of the contents.

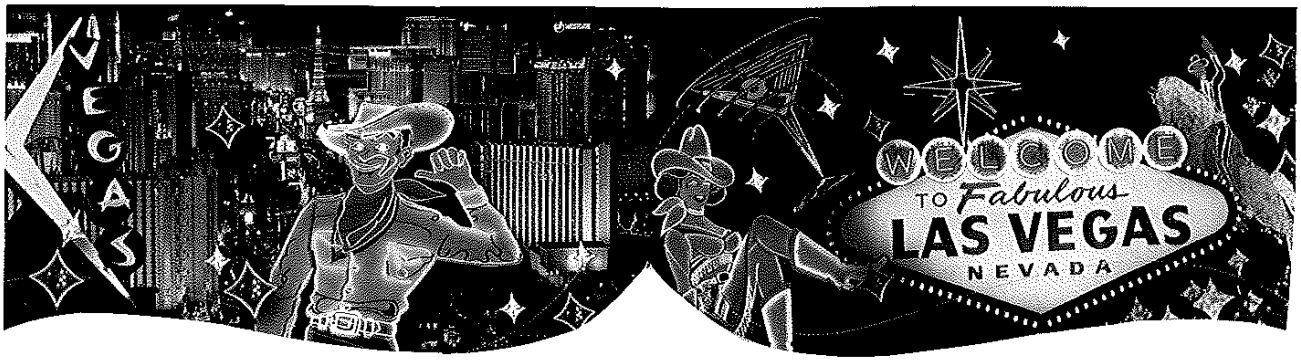
The view from the director's desk at this time can be described by three quotations:

There's something happening here
What it is ain't exactly clear……
—Buffalo Springfield

For the times they are a-changin'…..
—Bob Dylan

Stay tuned……

—*Jack Nolish*



STATE BAR OF MICHIGAN
WORKERS' COMPENSATION LAW SECTION

Trip will fill quickly. RESERVE NOW!

Don't be left behind!

ANNOUNCES

NON-STOP Lansing to Las Vegas - March 17-20, 2011

Sun Country Air from Lansing:

March 17, 2011 LAN/LAS 3:00 pm 4:05 pm

March 20, 2011 LAS/LAN 6:40 pm 1:10 am (Next Day)

Hotel:

Tropicana ($184,000,000 renovation in 2010)

Package Price is $544.80 Per Person Double Occupancy and Includes:

- Air, Taxes and Fees
- Hotel and Tax
- Round Trip Transfers - Including Gratuity
- 2 Checked Bags Per Person - Free
- Hotel Resort Fee

****Pricing is for first 56 passengers.****
****Fewer passengers may increase the per person cost by up to $100****

SPACE IS LIMITED

Payment in Full is Due By January 10
****Trip Cancellations made after January 10 are 100% Non Refundable ****

Mail Reservation Form and payment (check payable to Fab Travel or money order only--no credit cards) to:

Brenda Stock
Fab Travel
1412 Stoney Point Drive, Suite 2B
Lansing, MI 48917

Optional: Trip Cancellation/Interruption Coverage is highly recommended. Premium is determined according to trip cost and insured's age (refer to page 3). Insurance payment information on bottom of Reservation Form.

Contact Brenda Stock at www.breezevacations@comcast.net with questions.

AVAILABILITY, FLIGHT SCHEDULES, INCLUSIONS AND PRICES ARE ALWAYS SUBJECT TO CHANGE

HOME BACK NEXT

Michigan Workers' Compensation Appellate Commission Update

Read the Rules! Comply with the Rules!

By Murray A. Gorchow, WCAC Chairperson

In each and every one of the articles I have written for the section's newsletter over the last year since becoming chair of the Appellate Commission, I have, in addition to current news of the day, written to members of the section of the need to comply with the commission's eight rules for practice before the commission and the potential consequences for failure to do so. The rules can be found on the commission's page on the agency's website at *www.michigan.gov/wca.* The *current* rules can also be found in *Michigan Worker's Disability Compensation Act and Administrative Rules*, the *new* "blue book" co-sponsored by the Workers' Compensation Section and published by the Institute of Continuing Legal Education (ICLE). (The rules in the old blue book are outdated.) The rules can also be found in Welch & Royal: *Worker's Compensation in Michigan: Law and Practice*, with helpful information including case law about the rules in practice.

The appellate rules are only three pages long. There are only eight rules to follow before the commission. It should be easy for attorneys to find and comply with the commission's appellate rules of procedure. By comparison, the appellate rules of the Court of Appeals and Supreme Court, at dozens and dozens of pages, with countless rules and sub-rules, demand far more of counsel. Yet, in my 14-month tenure on the commission, I have observed that counsel on both sides, and with varying degrees of experience, all too frequently and to their detriment, barely comply, skirt, or simply ignore the commission's appellate rules of practice. There appears to be an inverse relationship between the number and complexity of rules and the attention and compliance given the rules before the commission and before the higher courts. I doubt that the more complex rules of the higher courts are dealt with by the Bar in the same fashion as those of the commission. Failure to comply can have no less dire consequences at the commission.

The most common, and all too frequent, lack of compliance is the failure to comply with Rule 7's requirement that any motion or response to a motion "representing facts not in the record adopted by the magistrate *shall* be accompanied by an *affidavit* from a person with *personal knowledge* of any facts stated in the motion [or response]" [R 418.7(4)] (Emphasis supplied).

The person with personal knowledge might not be the attorney. Frequently, the attorney may be alleging facts that his client or some other person has brought to his attention of which the attorney has no personal knowledge, in which case there must be an affidavit from that person, such as plaintiff, an adjuster, a secretary, etc. The person with personal knowledge may be the attorney, especially with requests for extension of time to file briefs or transcripts. The commission frequently sees what may otherwise be very good "factual" reasons to justify granting motions, but without an affidavit in support of the "facts" alleged in the motion. The result? Motion denied. We also see what may be very good "facts" in response to justify denial of a motion, but without the necessary affidavit. The result? The responding party risks the granting of the motion without consideration of the "facts" upon which respondent relies.

There are certainly cases where the motion might not require an affidavit, such as where the motion or response only raises a legal argument based on the existing record before the magistrate. Be aware—any events or facts that occur after the record before the magistrate is closed, including post-magistrate dates of events, filings, or occurrences require an affidavit. If you are not sure, it is a simple task to provide the required affidavit.

Another problem we see raising serious rules compliance issues involves the not infrequent situation where there is more than one appealing party and/or there are one or more cross-appealing parties. A single party can be an appellant, *and* an appellee, *and/or* a cross-appellant, *and/or* a cross-appellee in the same case. The statute and the commission rules tell you how to proceed depending on which hat(s) you are wearing. You may be wearing more than one hat. You must follow the rules for each role that you are playing. Why? The timelines and deadlines for when you must (1) file the transcript; (2) file your brief on appeal; (3) file your brief as appellee; (4) file any cross-appeal and brief; and (5) file your brief as cross-appellee

Appellate Commission Update
Continued from page 7

are different for each role. You must decide who you are on appeal, and follow the rules for *each* role that you are playing as if it were your only role. Similarly, any subsequent motion(s), e.g., for extension(s) of time, must be carefully prepared to specifically identify in which role(s) you are acting to avoid confusion.

Failure to comply with the rules can result in appeals or cross appeals being dismissed, show cause orders for possible dismissal, briefs not being accepted, and motions being denied, among other negative consequences.

Moral of the story:

Read the rules! Comply with the rules!
Good things can happen for those who do so.
Not so much for those who don't.

WCAC Tidbit:

Check out our Appellate Commission Opinions Search page. We have added instructions to make your opinion search easier and the site more user-friendly. 🛠

Michigan Workers' Compensation Agency Update

By Kenneth Birch, Chief Magistrate

Just when we thought that our magistrate reduction would continue through January, The Board of Magistrates has received exceptional help by means of three new appointments. On November 15, Rosa Bava, Dave Grunewald, and Kim Rochau joined us to fill the three open spots. Rosa, who has a rich experience first with Amerisure and then with Zurich, has been a few years in private practice. She will bring that experience to the Detroit Agency as she has taken over the so-called "vacant" docket. Dave has 34 years experience with CNA and will need all his experience and patience to cover the Flint docket on a fulltime basis; Flint has the largest case load per magistrate. Kim also brings a wealth of experience by handling comp cases for Liberty Mutual for over 30 years. He has accepted the task of taking over Melody Paige's docket in Pontiac. We are lucky to have their experience and expertise. Please take the time to congratulate and welcome the new magistrates.

While the magistrates are all stretched paper thin and many are traveling heroic distances, we can now handle and in some cases reduce the dockets. On January 26, eight magistrates' terms will end, including Rosa's and Dave's (Kim's appointment continues until 12613); we all are waiting to see the direction of Governor Snyder's administration. Of eight terms ending, Rosemary Wolock has elected to take the retirement incentive. We appreciate the time, loyalty, and diligence Rosemary has given to the Board of Magistrates. Speaking on behalf of the Board of Magistrates, we wish her the best as she enters a new phase in her career. 🛠

Invite someone to join the section

http://www.michbar.org/sections/pdfs/app_03v2_exst.pdf

New Rate Chart

Year	State Average Weekly Wage (SAWW)	90% of SAWW (Maximum Benefit)	2/3 of SAWW*	50% of SAWW (Minimum Benefit for Death Cases)	25% of SAWW (Minimum Benefit for Specific Loss and P&T)
2011	$823.35	$742.00	$548.90	$411.68	$205.84
2010	$828.73	$746.00	$552.49	$414.37	$207.18
2009	$834.79	$752.00	$556.53	$417.40	$208.70
2008	$820.04	$739.00	$546.69	$410.02	$205.01
2007	$803.17	$723.00	$535.45	$401.59	$200.79
2006	$784.31	$706.00	$522.87	$392.16	$196.08
2005	$765.12	$689.00	$510.08	$382.56	$191.28
2004	$744.49	$671.00	$496.33	$372.25	$186.12
2003	$724.96	$653.00	$483.31	$362.48	$181.24
2002	$715.11	$644.00	$476.74	$357.56	$178.78
2001	$714.46	$644.00	$476.31	$357.23	$178.62
2000	$678.23	$611.00	$452.15	$339.12	$169.56
1999	$644.06	$580.00	$429.37	$322.03	$161.02
1998	$614.10	$553.00	$409.40	$307.05	$153.53
1997	$591.18	$533.00	$394.12	$295.59	$147.80
1996	$581.39	$524.00	$387.59	$290.70	$145.35
1995	$554.22	$499.00	$369.48	$277.11	$138.56
1994	$527.29	$475.00	$351.53	$263.65	$131.82
1993	$506.80	$457.00	$337.87	$253.40	$126.70
1992	$489.01	$441.00	$326.01	$244.51	$122.25
1991	$477.40	$430.00	$318.27	$238.70	$119.35
1990	$474.22	$427.00	$316.15	$237.11	$118.56
1989	$454.15	$409.00	$302.77	$227.08	$113.54
1988	$440.77	$397.00	$293.85	$220.39	$110.19
1987	$433.91	$391.00	$289.27	$216.96	$108.48
1986	$414.70	$374.00	$276.47	$207.35	$103.68
1985	$397.48	$358.00	$264.99	$198.74	$99.37
1984	$370.65	$334.00	$247.10	$185.33	$92.66
1983	$358.89	$324.00	$239.26	$179.45	$89.72
1982	$340.45	$307.00	$226.97	$170.23	$85.11

*Discontinued fringe benefits may not be used to raise the weekly benefit above this amount.
*Attorney fees may not be based on a benefit rate higher than this amount.

Editor Comment

Your section has discussed the possibility of obtaining Wii-Fi at Agency locations - The question is, then, how many of you will use it? Let us know.

Recent Cases

By Jerry Marcinkoski, Lacey & Jones

The following summary is short, not because it is my last one but because there has been an unusual dearth of decisions from all quarters recently. As of the time of this submission, there have been no workers' compensation decisions from the Supreme Court since our last newsletter, although there are two orders worth noting. There have been no published or unpublished decisions from the Court of Appeals, and there have been precious few decisions from the Workers' Compensation Appellate Commission. The paucity of cases from the commission is due no doubt to the recent departures of two longtime commissioners, the recent arrival of two new commissioners, and the reassignment of cases necessitated by these changes.

Supreme Court

While there have been no workers' compensation decisions or dispositive orders from the Supreme Court recently, there have been two orders issued by the Supreme Court worth noting.

First, the Supreme Court has ordered an oral argument and supplemental briefing in the case *Harris v General Motors Corp* (SC Docket No. 140241). The twists and turns of this appeal to the Supreme Court are interesting.

This is a case where Mr. Harris fell in the employer's washroom, struck his head on the floor, and unfortunately passed away four days later. His dependent filed a death claim. The claim was denied by the Magistrate, by the Workers' Compensation Appellate Commission (a 2-1 decision), and by the Court of Appeals (a unanimous unpublished opinion). In response to plaintiff's application for leave to appeal to the Supreme Court earlier this year, the Supreme Court denied plaintiff's application in a 4-3 ruling. Plaintiff moved the Court for reconsideration. By the time the Court acted on the motion for reconsideration, the personnel on the Supreme Court had changed. (Justice Weaver had left the Court, and Justice Davis had joined it). Responding to plaintiff's motion for reconsideration, the Court ruled 4-3 to vacate the prior denial of leave, request supplemental briefing, and order an oral argument on the application.

The supplemental briefs in the case are being filed this month, December 2010. The case will likely be argued in early 2011. The primary issue in briefing relates to the "arising out of" requirement and whether there might be a distinction between idiopathic and unexplained falls at the workplace.

The other order from the Supreme Court is in *Ferdon v Sterling Performance, Inc* (SC Docket No. 140723). This is ostensibly a case of less jurisprudential significance. The Appellate Commission had dismissed plaintiff's appeal for failure to timely file the complete trial transcript. After appealing without success to the Court of Appeals, plaintiff appealed to the Supreme Court arguing that the procedural default should be overlooked or excused. The Court agreed to hear oral argument on the application and allowed for supplemental briefing. The case was scheduled to be orally argued in December 2010, but the Court canceled all oral arguments scheduled in December 2010 (presumably as a result of the November election). Like *Harris*, *Ferdon* is now likely to be argued in early 2011.

Signing Off

This will be my last submission as your case summary editor for the newsletter. I have enjoyed providing this service, but after having done so for exactly 20 years, I think it is time to stop and afford someone else the opportunity.

It has been a privilege to have had this role. While it ideally served the section, I also admit to a selfish motive as well because the job forced me to keep pace in reviewing decisions that would otherwise pile up in my office.

I have tried to be as objective as possible in presenting the cases, which was particularly difficult in reporting on cases I had lost. I would gently recommend to my successor that he or she also strive for an objective presentation because "Recent Cases" is not the place to advocate partisan points.

I have been fortunate to have worked for 5 terrific editors over my 20 years: Alex Ornstein (1991-1994); Marty Glista (1994-1999); Tim (now Magistrate) McAree (1999-2004); Murray Feldman (2004-2007); and, Tom Ruth (2007-present). They were indulgent in extending my deadlines, something that happened with great frequency. Thank you again.

Jerry Marcinkoski

Court of Appeals

As indicated, there are no published or unpublished Court of Appeals decisions to report since our last newsletter. What can be noted, however, is that the Court of Appeals has heard oral arguments in two cases on leave granted where we can be expecting decisions on the issue of whether an employee's acceptance of a separation agreement from the employer (via a "special attrition package" or "SAP") bars ongoing weekly wage loss benefits. The cases are *Harris v General Motors Corp* (CA Docket No. 291779) and *Stiven v General Motors Corp* (CA Docket No. 294579).

Workers' Compensation Appellate Commission

The Appellate Commission recently resolved two cases relating to the two sentences of MCL 418.301(4), i.e., the first sentence definition of "disability" as amplified by *Stokes v Chrysler LLC*, 481 Mich 266; 750 NW2d 129 (2008), and the second sentence "wage loss" inquiry as amplified by *Romero v Burt Moeke Hardwoods, Inc*, 280 Mich App 1; 760 NW2d 586 (2008).

Stokes Applied After Remand

In *Isaac v SDW Holdings Corp*, 2010 ACO #145, the commission had remanded the case for a *Stokes* analysis of whether plaintiff satisfied the definition of disability. On remand, the magistrate found that plaintiff did. Upon review of the remand decision, the commission disagreed and unanimously reversed.

In an opinion authored by Commissioner Ries, with Chairperson Gorchow concurring and Commissioner Przybylo concurring in result, the commission found that the magistrate erred in concluding that plaintiff satisfied the second step of *Stokes*. *Stokes*' second step requires the claimant to prove what jobs, if any, he or she is qualified and trained to perform within the same salary range. The commission said that, although plaintiff satisfied the first *Stokes* step by fully disclosing her qualifications and training, "plaintiff did not present, and did not allow the magistrate to consider, a 'proper array of alternative available jobs'" under the second step. The commission explained as follows:

> If plaintiff is required to "prove what jobs, if any, [s]he is qualified and trained to perform within the same salary range as [her] maximum earning capacity at the time of the injury," it follows that the magistrate is required to define what those jobs might be. He failed to do so. Specifically, the magistrate failed "to assess employment opportunities to which his qualifications and training might translate." The magistrate also failed "to consider the proper array of alternative available jobs." Because the proper array of jobs may include "jobs at an appropriate wage that the claimant is qualified and trained to perform, even if [s]he has never been employed at those particular jobs in the past," it follows that there must be a reasonable basis to exclude jobs other than those which plaintiff has performed in the past. *Isaac*, slip op at pp 5-6 (footnote omitted).

The commission applied this understanding and said plaintiff's proofs were insufficient, saying:

> The magistrate found that plaintiff "credibly testified that she is not aware of any jobs that are available in the area in which she lives that would pay similar wages." [Magistrate's July 9, 2009 opinion at 6.] However, since it is plaintiff who must present "the proper array of alternative available jobs," plaintiff cannot sustain her burden of proof by professing that she is not cognizant . . . *Isaac*, slip op at p 6.

On this basis, the commission reversed the award of weekly benefits reasoning:

> There is no basis upon which to conclude that work "eight hours a day, five days per week" is an adequate definition of the full range of work that is suitable to plaintiff's qualifications and training paying the maximum wage. That an employee sustains her burden of proof "by showing that there are no reasonable employment options available for avoiding a decline in wages" presupposes that the employee has already demonstrated that she is aware of the options, but cannot exercise them.

> We modify the magistrate's order, mailed September 20, 2006 and supplemented October 4, 2006, to delete the award of wage loss benefits. *Isaac*, slip op at p 7 (footnote omitted).

Plant Closing Does Not Bar Wage Loss Benefits

In *McMurtrie v Eaton Corp*, 2010 ACO #144, the commission affirmed an award of disability benefits. The plaintiff in this case sustained a work injury. He returned to work until the plant closed and accepted a "'release agreement,'" terminating his employment in exchange for a sum of money. He also indicated that but-for the plant closing he would still be working at the job.

Addressing defendant's argument plaintiff's wage loss is unconnected to his disability under the second sentence of 301 (4), the commission said this sentence "does not inquire whether the employee stopped working because of a limitation in his wage earning capacity." *McMurtrie*, slip op at p 14. The commission said "the plant closing and difficult eco-

nomic times that explain why plaintiff is not working" are not relevant to the analysis because the analysis is confined to determining "whether plaintiff has 'a limitation of an employee's wage earning capacity in work suitable to his or her qualifications and training resulting from a personal injury or work related disease'" under the first sentence of § 301(4). *McMurtrie*, slip op at p 14.

Late Breaking News

As we were going to press, the Court of Appeals released its unpublished decision in *Harris v General Motors Corp*, C.A. Docket No. 291779, released December 2, 2010. This is a case where plaintiff signed a Special Attrition Plan (SAP) saying she would retire from GM no later than January 1, 2007, in exchange for $35,000 and a non-disability pension. After she signed the agreement, she fell at work, injuring her back. The magistrate granted plaintiff an open award, and the Workers'

Compensation Appellate Commission affirmed.

On defendant's appeal, the Court of Appeals unanimously reversed. The Court ruled that plaintiff's award is closed as of the date of her retirement. The Court held that plaintiff had failed to connect her wage loss to her disabling injury, as required by the second sentence of MCL 418.301 (4). ("The establishment of disability does not create a presumption of wage loss"); *Sington v Chrysler Corp*, 467 Mich 144, 160161; 648 NW2d 624 (2002), and *Romero v Burt Moeke Hardwoods, Inc*, 280 Mich App 1,8; 760 NW2d 586 (2008). The Court said:

> "Even absent her injury, plaintiff would have suffered a wage loss after the date of her retirement." The Court added: "The record in this case contains no evidence that plaintiff, upon signing the SAP and agreeing to retire, firmly intended to never work again." The Court explained that "in order to show a causal connection between her injury and wage loss, plaintiff needed to introduce evidence to allow the WCAC to find by a preponderance of the evidence that, absent the injury, she would have reentered the workforce after her retirement."

Finally, the Court also rejected plaintiff's argument that MCL 418.815 nullifies plaintiff's SAP agreement because "SAP is not an agreement by plaintiff to waive her rights to benefits under the Act." 🛠

Nominations Open for Major State Bar Awards

Nominations are now open for major State Bar of Michigan awards that will be presented at the September 2011 Annual Meeting in Dearborn.

The Roberts P. Hudson Award goes to a person whose career has exemplified the highest ideals of the profession. This award is presented periodically to commend one or more lawyers for their unselfish rendering of outstanding and unique service to and on behalf of the State Bar, given generously, ungrudgingly, and in a spirit of self-sacrifice. It is awarded to that member of the State Bar of Michigan who best exemplifies that which brings honor, esteem and respect to the legal profession. The Hudson Award is the highest award conferred by the Bar.

The Frank J. Kelley Distinguished Public Service Award recognizes extraordinary governmental service by a Michigan attorney holding elected or appointive office. Created by the Board of Commissioners in 1998, it was first awarded to Frank J. Kelley for his record-setting tenure as Michigan's chief lawyer.

The Champion of Justice Award is given for extraordinary individual accomplishments or for devotion to a cause. Not more than five awards are given each year to practicing lawyers and judges who have made a significant contribution to their community, state, and/or the nation.

The Kimberly M. Cahill Bar Leadership Award was established in memory of the 2006-2007 SBM president, who passed away in January 2008. This award will be presented to a recognized local or affinity bar association, program or leader for excellence in promoting the ideal of professionalism or equal justice for all, or in responding to a compelling legal need within the community during the past year or on an ongoing basis.

The John W. Cummiskey Pro Bono Award, named after a Grand Rapids attorney, recognizes a member of the State Bar who excels in commitment to pro bono issues. This award carries with it a cash stipend to be donated to the charity of the recipient's choice.

All SBM award nominations are due on Friday, April 1, 2011 at 5 p.m.

The Liberty Bell Award recipient is selected from nominations made by local and special-purpose bar associations. The award is presented to a non-lawyer who has made a significant contribution to the justice system. The deadline for this award is Monday, May 2, 2011.

An awards committee co-chaired by State Bar President-Elect Julie Fershtman and attorney Francine Cullari reviews nominations for the Roberts P. Hudson, Champion of Justice, Frank J. Kelley, Kimberly M. Cahill, and Liberty Bell awards. The Bar's Pro Bono Initiative Committee reviews nominations for the Cummiskey Pro Bono award. All of these recommendations are then voted on for approval by the full Board of Commissioners at its June meeting.

Last year's non-winner nominations will automatically carry over for consideration this year. Nominations should include sufficient details about the accomplishments of the nominee to allow the committees to make a judgment.

Any State Bar member can propose candidates for SBM Awards. To apply online or download application forms, visit www.michbar.org/programs/eventsawards.cfm. Cummiskey Award nominations can be directed to Robert Mathis at rmathis@mail.michbar.org; all other nominations can be submitted to Joyce Nordeen, State Bar of Michigan, 306 Townsend St., Lansing, MI 48933 or jnordeen@mail.michbar.org. For more information visit the State Bar's website, www.michbar.org, or call (517) 346-6373 or (800) 968-1442, or fax (517) 482-6248.