



STATE OF GEORGIA
Department of Administrative Services - Risk Management Services
200 Piedmont Ave SE, Suite 1208 West Tower
Atlanta, GA 30334-9010

Page: 1

Payee: **PARKS, CHESIN & WALBERT, P.C.**
75 FOURTEENTH STREET
26TH FLOOR
ATLANTA, GA 30309-3604

Check Number: **32261723**
Check Date: **01/30/2017**
Check Amount: **\$ 75,000.00**

RTA

ALL PAYMENTS DETAILED BELOW ARE INCLUDED IN THIS CHECK.

Payment Type: **LI-Pers Inj incl Atty Fees**

Invoice Amt.: **\$ 75,000.00**

Amount Paid: **\$ 75,000.00**

Claim #: **GL201401077**

Date of Injury: **05/16/2014**

Invoice Date:

Period: to

Claimant: **Walsh, Eric**

Invoice No.:

Account No.:

Employer: **DPH - Department of Public Health - County Employees**

Memo: **Full & Final Settlement**

Claim Adjuster: **Scruggs, Carey**

Telephone: **(678)325-2648**

Control #: **8555493**

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

THIS CHECK CONTAINS KANT KOPY® VOID SECURITY FEATURE AND OTHER SECURITY FEATURES.



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200 Piedmont Ave SE, Suite 1208 West Tower
Atlanta, GA 30334-9010

WELLS FARGO BANK N.A.
SAVANNAH, GA 31401

64 - 975
612

PAY **Seventy Five Thousand Dollars And 00/100**

TO THE ORDER OF **PARKS, CHESIN & WALBERT, P.C.**
75 FOURTEENTH STREET
26TH FLOOR
ATLANTA, GA 30309-3604

DATE	CHECK NO.
01/30/2017	32261723
AMOUNT	
\$*****75,000.00	

VOID AFTER 180 DAYS