

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Patricia Pate,)
Claimant,)

WCC File Number 1121370

-vs-

**APPELLATE PANEL
DECISION AND ORDER**

College of Charleston,)
Employer,)

and)

State Accident Fund,)
Carrier,)

Defendants,)

RECEIVED
JUN 28 2019
SC Court of Appeals

DATE OF REVIEW HEARING: Hearing held and oral arguments presented in Columbia, S.C. on August 16, 2016.

APPEARANCES: Claimant represented by Stephen B. Samuels, Esquire, of Samuels Law Firm, LLC, and Max C. Sparwasser, Esquire, of The Max Sparwasser Law Firm, LLC. Employer & Carrier represented by Kirsten L. Barr, Esquire of Trask and Howell, LLC.

DECISION AND ORDER: by Commissioners Avery B. Wilkerson, Jr., Melody L. James, and Michael R. Campbell, II.

STATEMENT OF THE CASE

This is an appeal from a hearing set on Forms 21, 50 and 51. The Claimant, Patricia Pate, was employed as an assistant manager at the Copy Center at the College of Charleston. Pate suffered an admitted injury by accident to her back on December 14, 2011.

Pate underwent an instrumented lumbar fusion surgery by Dr. Joseph Marzluff on May 15, 2012. [APA page 134]. Pate returned to work at the Copy Center with restrictions following her surgery. Dr. Marzluff assigned a 40% impairment rating to the spine – based on 30% whole person DRE Category V with an additional 10% for chronic pain. [14B]. Dr. Marzluff noted she was suffering from increasing pain and bowel incontinence. He opined “A lot of the problems that she was having were related to the stuff she was doing at work aggravated her back.” [Marzluff dep. Page 5, lines 1-13]. Dr. Marzluff recommended future medical treatment on the Form 14B – a recommendation which was amplified with more specificity in his deposition.

Dr. Marzluff retired. Dr. Edward Nolan of the Trident Pain Center took over Pate’s long-term pain management on December 17, 2013. He treated Pate with SI joint injections, trigger point injections, epidural steroid injections, a TENS unit, and medications (OxyContin, Percocet and Tizanidine). He also ordered a lumbar back brace. On February 13, 2014, Dr. Nolan opined Pate was at MMI. He opined she would require ongoing palliative treatment including all these modalities. [APA pages 7-8]. Dr. Nolan assigned a 23% whole person rating based on DRE Category IV. [APA page 126(a)].

On April 23, 2014, Dr. Nolan reported:

[s]he has returned to work full time with no restrictions on 4/11/14 but reports that her pain and anxiety are elevated. She reports that the getting up and down and standing for prolonged periods of time are a major issue. Her FCE showed that she could perform medium work however pt does report that her pain was elevated after the FCE and she cannot do this type of work daily. In order to keep pt working, pt cannot stand more than 1 hour at a time then must sit for at least 2 hours. She may require breaks during these

times to change positions for a short period of time (5-10 minutes). She cannot lift more than 15 pounds. [APA page 29].

Pate continued seeing Dr. Nolan for treatment once a month. Her pain consistently ranged from 5-7 out of 10. She remained on narcotic pain medication and received injections about every two months.

Pate temporarily stopped working on September 15, 2014 when she was hospitalized for a pulmonary embolism. On the last visit before she stopped working, Dr. Nolan noted "Pt was referred for a low back brace 2/21/14 but has yet to receive it. Will again request this from her w/c today as we have already identified that this would be highly beneficial for her during her work hours." Dr. Nolan also noted she was scheduled to see her psychologist, Dr. Kee, for further discussion regarding her depression. [APA page 59].

On September 22, 2014, Pate returned to Dr. Nolan. Dr. Nolan reported:

Pt has recently been hospitalized for blood clots in the lungs. Will now be on Xarelto [anti-coagulant] for the next 3-6 months. Percocet has been d/c'd however she is not getting as much relief from the Oxycodone IR 5 mg therefore we will ask her to start doubling what she has to 10 mg and provide her with a new prescription at this time. Also pt will not be eligible for injections for the next 3-6 month period. [APA page 66].

On October 23, 2014, Dr. Nolan wrote:

She states the increase of OxyContin to BID has helped but she is ultimately unable to perform her job duties as required. Due to her inability to receive needed injection therapy until 2/2015 due to pulmonary embolisms we recommend she be placed out of work at this time and a letter will be drafted to this effect. I will continue to monitor her work status at each visit. Medication management and trigger point injections will be her treatment options at this time. [APA page 70].

On November 24, 2014, Dr. Nolan reported:

She continues to remain out of work per our last letter requesting 2 months out. She reports improvement in ability to cope with pain since she has been out of work. She has provided an accommodation request from her employer which we will complete and send back. At this point, we recommend pt to plan for return to work after 12/03/14 at 4 hours

per day for 2 weeks with accommodations which will be available per her paperwork brought to be filled out today and then we will re-evaluate her work status 2 weeks after that. [APA page 81, 83].

Pate returned to work at the Copy Center with these restrictions on December 4, 2014.

Even with the restrictions, she called out on December 5, 12, 16 and 17. [APA page 307].

On December 22, 2014, Dr. Nolan continued the restrictions of 4 hours per day, 4 days per week, with “No bending, squatting or crawling, no lifting greater than 15 pounds, and no pushing or pulling heavy objects.” [APA page 93].

On January 21, 2015, Dr. Nolan performed a Caudal Epidural Steroid Injection. This was the first LESI performed since the injections were suspended due to the pulmonary embolisms. [APA pages 96-98].

On February 5, 2015, Dr. Nolan continued Pate on sedentary restrictions of 4 hours per day, 4 days a week. [APA page 101].

The Copy Center ultimately determined it could not accommodate Pate’s restrictions. She was placed on LWOP (leave without pay) on January 29, 2015. [APA pages 308-309]. Defendants resumed payment of temporary total disability compensation (TTD) as of that date. [Form 15 2/5/15]. TTD was being paid as of the hearing before Commissioner Taylor.

On November 6, 2014, Defendants filed a Form 21 (Employer’s Request for Hearing) based on Dr. Nolan’s MMI report of February 13, 2014. Claimant filed a Form 50 on February 3, 2015. The parties were ordered to mandatory mediation, which resulted in an impasse.

The case was tried before Commissioner Aisha Taylor on July 14, 2015. Commissioner Taylor issued a Decision and Order on May 16, 2016.

Claimant timely filed her Form 30 (Notice of Appeal) on May 27, 2016. Oral argument was held on August 16, 2016.

For reasons set forth below, we Affirm in part and Reverse in part with Remand the Single Commissioner's Decision and Order.

ISSUES ON APPEAL

1. Whether the Single Commissioner erred as a matter of fact and law in finding that "Claimant's multiple pulmonary embolisms are subsequent intervening acts sufficient to break the chain of causation as it relates to Claimant's disability and continued medical treatment."
2. Whether the Single Commissioner erred as a matter of fact and law in denying additional medical treatment when such treatment was necessary to treat Claimant's chronic pain resulting from her surgery.
3. Whether the Single Commissioner erred as a matter of law in holding an Intervening act can break the chain of causation in a workers' compensation claim when there is no legal authority for such a holding.
4. Whether the Single Commissioner erred as a matter of fact and law in denying psychological injury.
5. Whether the Single Commissioner erred as a matter of fact and law in failing to find Claimant permanently and totally disabled.
6. Whether the Single Commissioner erred as a matter of fact and law in awarding 23% permanent loss of use of the back.
7. Whether the Single Commissioner erred as a matter of fact and law in ruling that "any increase above the permanent impairment would require impermissible surmise, conjecture and/or speculation."
8. Whether the Single Commissioner erred as a matter of fact and law in finding "Claimant's current condition, subjective complaints, need for medical treatment, and work restrictions have all been significantly increased and aggravated by the subsequent, intervening pulmonary embolisms."
9. Whether the Single Commissioner erred as a matter of fact and law in ruling "Claimant is not entitled to future medical treatment, as none is recommended that would tend to lessen her period of disability directly related to the December 14, 2011 work injury."
10. Whether the Single Commissioner erred as a matter of fact and law in ruling "any loss of wage-earning capacity is not the proximate result of the December 14, 2011 accident."

11. Whether the Single Commissioner erred as a matter of law in misapplying Geathers v. 3V, Inc. 371 S.C. 570, 641 S.E.2d 29 (2007) when there was no later injurious exposure nor an intervening “accident.”
12. Whether the Single Commissioner erred as a matter of law in denying further medical treatment by erroneously concluding “there is no medical evidence stated to a reasonable degree of medical certainty that the Claimant currently requires any additional medical treatment to lessen the period of disability directly related to the December 14, 2011 accident when it is undisputed that Claimant’s need for pain management arises directly out of the work accident.
13. Whether the Single Commissioner erred as a matter of law in limiting the award to the back.

SINGLE COMMISSIONER FINDINGS OF FACT

1. On December 14, 2011, Claimant sustained an admitted injury to her lower back within the course and scope of her employment. Based upon the greater weight of the evidence in the record, the December 14, 2011 accident did not result in injury to, or otherwise affect, any other body member or system.

2. Claimant received all appropriate medical care at the direction of the Defendants with Drs. Marzluff and Nolan.

3. Claimant was initially placed at maximum medical improvement by Dr. Marzluff on September 12, 2012, at which time she returned to regular, full-time employment, with some accommodations pursuant to her restrictions, on August 30, 2012.

4. Claimant began pain management with Dr. Nolan while working full time and continued to do so until September of 2014 when Claimant suffered multiple pulmonary embolisms, which I find were unrelated to her employment and work injury.

5. Prior to Claimant's pulmonary embolisms, Dr. Nolan placed Claimant at maximum medical improvement from a pain management standpoint as of February 13, 2014, with future medical treatment to include injection therapy.

6. I find Claimant's multiple pulmonary embolisms are subsequent intervening acts sufficient to break the chain of causation as it relates to Claimant's disability and continued medical treatment. This finding is based on the evidence as a whole including, but not limited to, the following:

a. Dr. Nolan increased Claimant's work restrictions as a direct result of her pulmonary embolisms and she is no longer able to work full time, despite doing so for nearly three (3) years after the December 14, 2011 accident. (APA p. 70 & 257).

b. Claimant's Employer could not accommodate her increased restrictions required by the pulmonary embolisms after having accommodated the prior restrictions for almost three years.

c. Claimant can no longer receive causally-related injection therapy or other medications (Percocet) due to her need for anti-coagulates and as a result of her pulmonary embolisms. Claimant now requires additional medical treatments as a direct result of the pulmonary embolisms and anticoagulant therapy that she did not otherwise require following the December 14, 2011 accident.

7. Claimant also alleges a psychological injury as a result of her original work injury. I find Claimant has not met her burden of proving a psychological injury causally-related to her original injury. Her claim is not supported by the preponderance of the evidence. Specifically, no physician has opined that Claimant has any disability or work restrictions as a result of any alleged psychological condition. No physician has opined to a reasonable degree of

medical certainty that Claimant's alleged psychological condition is causally-related to her original work injury to her lower back. Claimant's personal history, prior medical history, and current unrelated medical conditions have weighed into this finding as well.

8. Claimant is at maximum medical improvement for her December 14, 2011 low back injury as of February 13, 2014 per Dr. Nolan, the authorized pain management physician.

9. Claimant has sustained a 23% permanent loss of use of her back as a result of her work injury. I base this finding on the impairment rating issued by Dr. Nolan, as well as the fact that the Claimant was able to work full time, with her pain well controlled, prior to the pulmonary embolisms in September 2014. Due to Claimant's subsequent, intervening pulmonary embolisms, I find any increase above the permanent impairment would require impermissible surmise, conjecture and/or speculation. Claimant's current condition, subjective complaints, need for medical treatment, and work restrictions have all been significantly increased and aggravated by the subsequent, intervening pulmonary embolisms.

11. Claimant is not entitled to future medical treatment, as none is currently recommended that would tend to lessen her period of disability directly related to the December 14, 2011 work injury. The record reveals that the Claimant's pain levels and need for medical treatment have increased significantly as a result of her subsequent, intervening pulmonary embolisms. Dr. Nolan, the Claimant's current treating physician, has not made any future medical recommendations to the requisite "reasonable degree of medical certainty." While Dr. Marzluff previously testified about Claimant's medical treatment, he has not evaluated Claimant since 2012. Claimant's inability to continue injection therapy due to her subsequent, intervening, personal health issues have weighed into this decision as well.

12. Claimant has an average weekly wage of \$553.02, which yields a compensation rate of \$368.70.

13. Claimant is entitled to a lump-sum award with Utica Mohawk SSA apportionment language.

14. Although Claimant was placed at MMI as of February 13, 2014 by Dr. Nolan, Defendants did not file a Form 21 requesting a credit until November 6, 2014. As such, Defendants are entitled to a credit back to date of the Form 21 filing only.

SINGLE COMMISSIONER CONCLUSIONS OF LAW

1. The Claimant sustained an injury to her low back in an accident arising out of and in the course of her employment with the Employer on December 14, 2011. Based upon the greater weight of the evidence in the record, the Claimant did not sustain any injury to, or impairment of, any other body member as a result of that accident and her alleged psychological problems are not causally-related to her accident or low back injury.

2. The Defendants are entitled to terminate temporary total disability benefits pursuant to S.C. Code Ann. § 42-9-260 on the basis that Claimant was released by her authorized treating physician and returned to work in a full time position with the Employer on August 30, 2012, at which time the period of temporary disability causally-related to the December 14, 2011 accident ended. The greater weight of the evidence indicates that Claimant is currently out of work due to a non-work-related personal health problem (pulmonary embolisms) and; therefore, any loss of wage-earning capacity is not the proximate result of the December 14, 2011 accident.

3. The Defendants are entitled to a credit for overpayment of temporary total disability compensation benefits after the date the Form 21 was filed, November 6, 2014, pursuant to S.C. Code Ann. § 42-9-210.

4. Claimant is not entitled to and the Defendants are not responsible for any benefits under S.C. Code Ann. § 42-9-10 or § 42-9-20 pursuant to the Supreme Court's holding in Geathers v. 3V, Inc., 371 S.C. 570, 641 S.E.2d 29 (2007). Claimant was working in her regular, full time position as the assistant manager of the College of Charleston Copy Center for more than two years after the December 14, 2011 accident and; therefore, her back injury was not disabling as a matter of law. Instead, the proximate cause of her loss of wage-earning capacity is the multiple pulmonary embolisms she suffered in September 2014, which aggravated her pre-existing back condition according to Claimant's own treating physician.

5. Claimant is not entitled to and the Defendants are not responsible for any benefits under S.C. Code Ann. § 42-15-60 pursuant to the Supreme Court's holding in Geathers v. 3V, Inc., 371 S.C. 570, 641 S.E.2d 29 (2007). Claimant's current subjective complaints and need for medical treatment are not causally-related to the December 14, 2011 accident because the subsequent intervening personal injury (pulmonary embolisms) resulted in increased pain, decreased function, and both changes and increases in medical treatment Claimant receives for her low back. Furthermore, there is no medical evidence stated to a reasonable degree of medical certainty that the Claimant currently requires any additional medical treatment to lessen the period of disability directly related to the December 14, 2011 accident.

6. Pursuant to S.C. Code Ann. § 42-9-30(21), Claimant is entitled to benefits representing the 23% loss of use of the back causally-related to the December 14, 2011 accident.

Claimant is not entitled to and the Defendants are not responsible for any benefits for loss of use of any other body member.

APPELLATE PANEL FINDINGS OF FACT

Based on the preponderance of the evidence, the panel makes the following findings of fact:

1. On December 14, 2011, Claimant sustained an admitted injury to her lower back within the course and scope of her employment. Based on the greater weight of the evidence in the record, the December 14, 2011 accident did not result in injury to, or otherwise affect any other body member of system. This finding of the Single Commissioner is affirmed.

2. Claimant received appropriate medical care at the direction of the Defendants with Drs. Marzluff and Nolan. The medical care tended to lessen her degree of disability.

3. Claimant was initially placed at maximum medical improvement by Dr. Marzluff on September 12, 2012, at which time she returned to regular, full-time employment, with some accommodations pursuant to her restrictions, on August 30, 2012.

4. Claimant began pain management on May 14, 2013 with Dr. Nolan while working full time in an accommodated position with the Employer.

5. Pate temporarily stopped working on September 15, 2014 when she was hospitalized for a pulmonary embolism. We affirm the Single Commissioner's Finding that the pulmonary embolism is unrelated to her employment and work injury.

6. On February 13, 2014, Dr. Nolan opined Pate was at MMI. He treated Pate with SI joint injections, trigger point injections, epidural steroid injections, a TENS unit, and

medications (OxyContin, Percocet and Tizanidine). He also ordered a lumbar back brace. He opined she would require ongoing palliative treatment including all these modalities. [APA pages 7-8]. Dr. Nolan assigned a 23% whole person rating based on DRE Category IV. [APA page 126(a)].

7. We reverse the Single Commissioner's finding that "Claimant's multiple pulmonary embolisms are subsequent intervening acts sufficient to break the chain of causation as it relates to Claimant's disability and continued medical treatment." The reversal of the Single Commissioner's finding is based on the evidence as a whole with particular emphasis on the medical records and events following the development of the blood clots.

8. Claimant also alleges a psychological injury as a result of her original work injury. We find that the Claimant has not met her burden of proving a psychological injury causally-related to her original injury. Her claim is not supported by the preponderance of the evidence. Specifically, no physician has opined that Claimant has any disability or work restrictions as a result of any alleged psychological condition. No physician has opined to a reasonable degree of medical certainty that Claimant's alleged psychological condition is causally-related to her original work injury to her lower back. Claimant's personal history, prior medical history, and current unrelated medical conditions have weighed into this finding as well.

9. We reverse and remand the Single Commissioner's finding that "Claimant has sustained a 23% permanent loss of use of her back as a result of her work injury." It was legal error of the Single Commissioner to conclude that the pulmonary embolisms were an intervening accident or intervening cause. The pulmonary embolisms did not and could not constitute an intervening accident or intervening cause as a matter of law. See McMahan v. S.C. Dept. of Education-Transportation, Op. No. 5415 (S.C.Ct.App. filed June 15, 2016)(Shearouse Adv.Sh.

No. 24 at 56). We note the Single Commissioner did not have the benefit of the McMahan case which was released after the Decision and Order in this case.

10. We reverse the Single Commissioner's Finding that "Claimant is not entitled to future medical treatment, as none is currently recommended that would tend to lessen her period of disability directly related to the December 14, 2011 work injury." As noted above, the pulmonary embolisms are not a subsequent intervening cause. The matter is to be remanded to the Single Commissioner to address what, if any, future medical is causally related pursuant to the Act.

11. Claimant has an average weekly wage of \$553.02, which yields a compensation rate of \$368.70.

12. Claimant is entitled to a lump-sum award with James apportionment language. The jurisdictional Commissioner on remand is to make this determination. Claimant will be given leave to submit a supplemental order with an approved Form 61 which is to be incorporated into the Single Commissioner's order by reference.

13. We affirm the Single Commissioner's finding that "Although Claimant was placed at MMI as of February 13, 2014 by Dr. Nolan, Defendants did not file a Form 21 requesting a credit until November 6, 2014. As such, Defendants are entitled to a credit back to date of the Form 21 filing only."

14. This matter is remanded to the jurisdictional commissioner for a determination of causally related disability and for a determination of what, if any, medical treatment is causally related and should be awarded pursuant to the Act.

APPELLATE PANEL CONCLUSIONS OF LAW

15. We reverse the Single Commissioner's legal conclusion that "Claimant is not entitled to and the Defendants are not responsible for any benefits under S.C. Code Ann. § 42-15-60 pursuant to the Supreme Court's holding in Geathers v. 3V, Inc., 371 S.C. 570, 641 S.E.2d 29 (2007)."

16. The pulmonary embolus is not a subsequent intervening cause sufficient to break the chain of causation. It was error of the Single Commissioner to deny ongoing medical treatment and disability compensation under the theory that the pulmonary embolus was an intervening cause. The general rule is "Every natural consequence that flows from a work-related compensable injury is also compensable unless the consequence is the result of an independent, intervening cause sufficient to break the chain of causation." Whitfield v. Daniel Constr. Co., 226 S.C. 37, 40-41, 83 S.E.2d 460, 462 (1954).

The case law consistently requires an intervening cause to be a subsequent accident attributable to the claimant's own intentional conduct. See, e.g. Tims v. J.D. Kitts Constr., 393 S.C. 496, 713 S.E.2d 340 (Ct. App. 2011)(rejecting argument that heatstroke suffered by quadriplegic from being left in his caregiver's car was an independent intervening cause because "neither Claimant's decision to ride in his caregiver's car nor his caregiver's negligence was an independent, intervening cause sufficient to break the chain of causation."), citing 1 Arthur Larson & Lex K. Larson, Larson's Workers' Compensation Law § 10.01, 10-1 (2010) (stating that when the primary injury is shown to have arisen out of and in the course of employment, every natural consequence that flows from the injury likewise arises out of the employment, unless it is the result of an independent, intervening cause attributable to the claimant's own intentional conduct).

17. The principle applying to this case is “that a nonwork-related condition is not a superseding, intervening event that breaks the causal connection between a work-related injury and a claimant’s disability.”¹ Brockel v. N.D. Workforce Safety & Ins., 843 N.W.2d 15, 23-24 (N.D. 2014). The rule was followed in South Carolina in Orr v. Elastomeric Prods., 323 S.C. 342, 474 S.E.2d 448 (Ct. App.1996). In Orr, the claimant unexpectedly became pregnant following back surgery for her injury. Due to the pregnancy, she was unable to participate in physical therapy, spurring the carrier to seek to suspend her compensation. The Court of Appeals rejected this argument, reasoning “The fact that Orr’s pregnancy indirectly prolonged the period during which she was unemployable does not change the fact that her injury, not her pregnancy, rendered her unable to work.” *Id.* at 449 (emphasis added).

18. The ruling below regarding Geathers has no support in the law and is an erroneous misapplication of Geathers. In Geathers, the Supreme Court adopted the “last injurious exposure rule.” The last injurious exposure rule:

places full liability upon the carrier covering the risk at the time of the most recent injury that bears a causal relation to the disability. Consistent with the rule that an employer takes its employee as it finds her, the last injurious exposure rule makes the insurer at risk at the time of the second injury liable even if the second injury would have been much less severe in the absence of the prior condition and even if the prior injury significantly contributed to the final condition.

Geathers v. 3V, Inc., 371 S.C. 570, 641 S.E.2d 29 (2007).

The last injurious exposure rule is simply a rule to avoid apportionment and put liability on the carrier covering the most recent injury. It has no application to the facts of this case. It cannot

¹ A majority of jurisdictions – including South Carolina – follow this rule. See, e.g., Thurston v. Guys With Tools, Ltd., 217 P.3d 824 (Alaska 2009); Moore v. Component Assembly Sys., 158 Md.App. 388, 857 A.2d 549 (2004); Schock v. Morristown Mem’l Hosp./Atlantic Health Sys., 2010 WL 2793949 *6 (N.J.Super.A.D. July 2, 2010); Thomas v. Burggraf Restoration, 31 P.3d 402 (Okla.Ct.Civ.App.2001); Workmen’s Comp. Appeal Bd. v. Chamberlain Mfg. Corp., 336 A.2d 659 (1975); Orr v. Elastomeric Prods., 323 S.C. 342, 474 S.E.2d 448 (Ct.App.1996); Wood v. Fletcher Allen Health Care, 739 A.2d 1201 (1999)..

be used as a means to deny further benefits when there is no subsequent carrier nor any later injurious exposure. There is no second accident in this case.

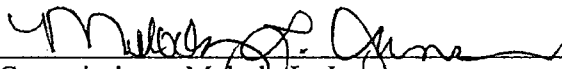
ORDER

IT IS THEREFORE ORDERED that the Decision and Order of the Single Commissioner is Affirmed in part, Reversed in part, and Remanded;

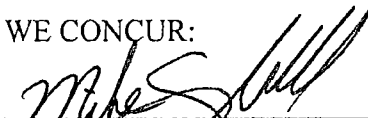
IT IS FURTHER ORDERED that the findings and conclusions of the Single Commissioner that the pulmonary embolisms are an intervening accident are reversed.

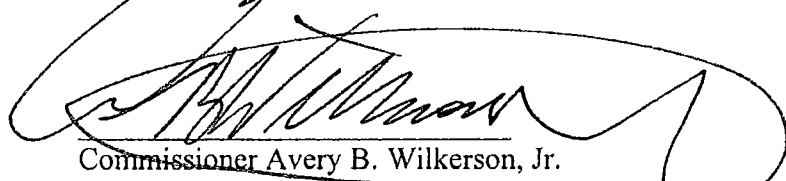
IT IS FURTHER ORDERED that this case is remanded to the Single Commissioner to determine the compensation due for Claimant's causally related permanent disability and causally related medical treatment pursuant to the Act consistent with the findings of fact and conclusions of law herein.

AND IT IS SO ORDERED.


Commissioner Melody L. James
Appellate Panel Chair

WE CONCUR:


Commissioner R. Michael Campbell, II


Commissioner Avery B. Wilkerson, Jr.

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on December 22, 2016