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KANSAS DEPARTMENT OF LABOR
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06/20/2024 11:44 AM

APPLICATION FOR BENEFITS

K-WC E-1 (K.S.A. 44-534)

Employee: Donald Rakestraw

Date of birth: 08/24/1965 Gender: Male

Employer: DOT'S PRETZELS, LLC

Social Security Number *****4402

Street: 32180 W 191ST ST

Street: 15739 Whispering Oaks Drive

City: GARDNER State: KS ZIP: 66030

City: Paola State: KS ZIP: 66071

Insurance Carrier: None Identified

Phone: 9132029521

Additional Employer: _____

Email: supertech007@gmail.com

Additional Insurer: _____

Accidental Injury, Repetitive Trauma or Occupational Disease

Date(s) of accident/repetitive trauma/occupational disease (give beginning and ending dates if a series): 03/28/2024

State specifically the exact cause and source of accident/repetitive trauma/disease: The claimant was not provided the required floor mat to stand on which caused injury to his foot from extended standing during course of employment

Briefly state extent of injuries by accident, repetitive trauma or disease claimed: Right foot and associated body parts

In what county did it occur? Johnson At or near (city) Gardner (state) KS

If it **did not** happen within Kansas, in which **Kansas** county could hearing be most conveniently held? _____

Mediation requested? NO

Applicant signature: Submitted by Attorney

Date: 06/20/2024

Is applicant represented? YES

Attorney representing claimant

Attorney signature: /s/Roger Fincher

Printed Name: Roger Fincher

Street: 1263 SW Topeka Blvd

City: Topeka State: KS ZIP: 66612

Kansas Supreme Court Number: 16090

Phone: (785) 430-5770

Email: roger@fincherlawoffice.com

(for purposes of hearing notices)

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.

DIVISION OF WORKERS COMPENSATION

401 SW Topeka Blvd., Suite 2, Topeka, KS 66603-3105 • Phone: (785) 296-4000 • Fax: (785) 296-8580

This filing shows that my attorney, not me, defined and submitted my claim as workers' compensation only. I relied on counsel to protect and explain my legal rights, but he unilaterally confined the matter to workers' compensation and never informed me of other available legal remedies. That attorney-controlled filing delayed my discovery of additional claims, supporting equitable tolling.