

PETITIONER	NAME:	
	DATE OF BIRTH:	MEDICARE ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	ADDRESS:	
VS		
RESPONDENT	NAME:	
	ADDRESS:	
ATTORNEY FOR RESPONDENT	NAME:	
	ADDRESS:	
	TELEPHONE NUMBER (AREA CODE):	
	APPEARING:	

ATTORNEY FOR PETITIONER	FEDERAL EMPLOYER NUMBER	
	NAME:	
	ADDRESS:	
	TELEPHONE NUMBER (AREA CODE):	
APPEARING:		
INSURANCE CARRIER	NAME <input type="checkbox"/> SELF-INSURED <input type="checkbox"/> TPA	
	ADDRESS:	
	CLAIM NUMBER:	

This is a lump sum settlement between the parties in the amount of \$ \_\_\_\_\_ pursuant to N.J.S.A. 34:15-20 which has the effect of a dismissal with prejudice, being final as to all rights and benefits of the petitioner and is a complete and absolute surrender and release of all rights arising out of this/these claim petition(s). The payment hereunder shall be recognized as a payment of workers' compensation benefits for insurance rating purposes only.

The parties agree that this settlement [  does (complete page 2) /  does not] contemplate a complete and absolute surrender and release of any and all rights by the petitioner's dependents as defined by N.J.S.A. 34:15-13 arising out of this/these claim petition(s).

- Order for Child Support Attached**       **Addendum attached**  
 **Further Agreed:** \_\_\_\_\_

ALLOWANCES	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
MEDICAL FEE ALLOWED: <i>(report and/or testimony)</i>					
ATTORNEY(S) FEE:					
STENOGRAPHIC SERVICE:					
MISCELLANEOUS FEES:					

<b>Reason(s) for Section 20 (check all that apply):</b>					
Contested issues regarding: <input type="checkbox"/> JURISDICTION <input type="checkbox"/> LIABILITY <input type="checkbox"/> CAUSAL RELATIONSHIP <input type="checkbox"/> DEPENDENCY					

WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF COPY:

After considering the circumstances, I find this settlement fair and just.

\_\_\_\_\_  
 PETITIONER'S ATTORNEY

\_\_\_\_\_  
 PETITIONER (where applicable)

\_\_\_\_\_  
 RESPONDENT'S ATTORNEY

\_\_\_\_\_  
 JUDGE OF COMPENSATION

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 JUDGE'S NAME

**THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF COMPENSATION, WILL BE MAINTAINED ON FILE IN THE DIVISION OF WORKERS' COMPENSATION, PURSUANT TO N.J.S.A. 34:15-121 et. seq.**

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION  WC(DO)-370 Interactive(r. 4/24/13)	<b>ORDER APPROVING          SETTLEMENT WITH DISMISSAL  <u>N.J.S.A. 34:15-20</u>  <b>Page 2</b></b>	CASE NO'S.:  VICINAGE:
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The parties agree that this settlement does contemplate a complete and absolute surrender and release of any and all rights by the petitioner's dependents as defined by N.J.S.A. 34:15-13 arising out of this/these claim petitioner(s).

As the spouse or other person who may be defined as a dependent under N.J.S.A. 34:15-13 or the guardian or representative of such a person, I (we) consent to the entry of this order and recognize that this agreement is a complete and absolute surrender of any rights that I (we) may have pursuant to N.J.S.A. 34:15-13, should petitioner die as a result of the injuries, conditions, or exposures alleged in this/these claim petition(s).

\_\_\_\_\_  
 Name Date

On Behalf of

\_\_\_\_\_  
 Name Date

On Behalf of

\_\_\_\_\_  
 Name Date

On Behalf of

\_\_\_\_\_  
 Name Date

On Behalf of

\_\_\_\_\_  
 Name Date

On Behalf of

\_\_\_\_\_  
 Name Date

On Behalf of

I certify that the above is (are) the only individual(s) who is (are) dependent(s) as defined in N.J.S.A. 34:15-13 at the present time.

\_\_\_\_\_  
 Petitioner Date

WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND  
 ACKNOWLEDGE RECEIPT OF COPY:

After considering the circumstances, I find this settlement fair and just.

\_\_\_\_\_  
 PETITIONER'S ATTORNEY

\_\_\_\_\_  
 JUDGE OF COMPENSATION DATE

\_\_\_\_\_  
 PETITIONER (where applicable)

\_\_\_\_\_  
 JUDGE'S NAME

\_\_\_\_\_  
 RESPONDENT'S ATTORNEY

**THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF COMPENSATION, WILL  
 BE MAINTAINED ON FILE IN THE DIVISION OF WORKERS' COMPENSATION, PURSUANT TO  
N.J.S.A. 34:15-121 et. seq.**