

New Jersey Department of Labor and Workforce Development Division of Workers' Compensation PO Box 381 Trenton, New Jersey 08625	<b>AFFIDAVIT OF DEPENDENT OR  DEPENDENT(S) REPRESENTATIVE  IN SUPPORT OF SETTLEMENT  UNDER N.J.S.A. 34:15-20</b>	C.P. No. _____ Vicinage _____
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Name of Petitioner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Dependent: \_\_\_\_\_ Dependent's Date of Birth: \_\_\_\_\_

Name of Representative ( if applicable): \_\_\_\_\_, being of full age and fully sworn according to law upon her/his oath, deposes and says:

1. I am a dependent or the representative of a dependent in the above claim petition(s). I currently reside at \_\_\_\_\_
2. I understand that the Petitioner in the above claim petition(s) is resolving his/her case under N.J.S.A. 34:15-20, and that such settlement acts as an absolute dismissal of this claim.
3. I understand that by this affidavit I am waiving my rights, and/or the rights of those whom I represent to bring future dependency claims pursuant to N.J.S.A. 34:15-13 in the event that the petitioner's death occurs as a result of the injuries, conditions or exposures encompassed in this claim petition(s).
  - This waiver includes death from latent or unknown consequences of such injuries, conditions or exposures.
4. I fully understand the terms of the settlement, the effect of the settlement, and the waiver of future dependency rights, and I am executing this affidavit knowingly, intelligently and voluntarily.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

Sworn and subscribed to before  
me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20

\_\_\_\_\_  
NOTARY PUBLIC