

| | | |
|-------------------------|-------------------------------|---|
| 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: | | | | | |
| | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Reason(s) for Section 20 (check all that apply): | | | | | |
| 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) | ORDER APPROVING SETTLEMENT WITH DISMISSAL <u>N.J.S.A. 34:15-20</u> Page 2 | CASE NO'S.: VICINAGE: |
|---|---|------------------------------|

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.