

Instructions for Completing the Pro Se Settlement (Unrepresented) Approval Order

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer’s hard drive.

When you open the form, click in the “Claimant Name” box (field), complete the information, and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

Use numbers only to fill in the fields for Social Security Number and dollar amounts. Do not use dashes or dollar signs; when you tab out of the field, it will fill in automatically. To fill in a **check box**, click inside the box with your mouse.

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To change the information in one field, use the backspace or delete key.

Under number 9(A) of this form, the parties are afforded space to insert terms that are specific to the settlement agreement and involve an issue which falls under the Workers’ Compensation Act. The parties may attach other written agreements to the prescribed form and may refer to these agreements in paragraph 9(B). In the case of a pro se (unrepresented) claimant, only a Workers’ Compensation Medicare Set-Aside Arrangement may be attached and referenced.

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STATE OF COLORADO
Division of Workers' Compensation

Clear Entire Form

Clear This Page

Workers' Compensation Number (s):



The diagram shows a form with two columns of input fields. The left column has three stacked light blue rectangular fields. The right column has three stacked light blue rectangular fields. A red arrow points from the top field of the left column to the 'Clear Entire Form' button. Another red arrow points from the top field of the right column to the 'Clear This Page' button.

**“Clear Entire Form” or “Clear This Page” buttons
Clears all information at once**

IN THE MATTER OF THE CLAIM OF



A single light blue rectangular input field for the claimant's name.

Claimant

vs



A single light blue rectangular input field for the employer's name.

Employer,

and



A single light blue rectangular input field for an additional party.

**PRO SE
SETTLEMENT
ORDER**

[FOR UNREPRESENTED CLAIMANT]

**“Fillable Fields”
Click and Type**

STATE OF COLORADO
Division of Workers' Compensation

Workers' Compensation Number (s): _____

IN THE MATTER OF THE CLAIM OF

Claimant

VS

Employer,

and

Insurer,
Respondents.

**PRO SE
SETTLEMENT
ORDER**

[FOR UNREPRESENTED CLAIMANT]

The parties filed a settlement agreement, with the claimant's notarized signature dated:

_____, _____, _____.
month day year

The unrepresented claimant has:

___ seen and understands the advisement slide/video presentation or heard a prerecorded audio advisement and/or

___ has spoken with the Administrative Law Judge about this settlement ___ in person ___ by telephone

This approval proceeding has been electronically recorded at Tape Number _____.

IT IS ORDERED: that the parties' settlement agreement is approved.

IT IS FURTHER ORDERED: that payments to the claimant shall be made in accordance with the settlement agreement.

Dated this _____ day of _____, _____.
day month year

DIVISION OF WORKERS' COMPENSATION

By _____
Director or Administrative Law Judge

DIVISION CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Order was served upon the following party by:

- hand delivered on _____.
- placing the same order in the United States mail, postage prepaid, on _____
- placing for pick up at 633 17th Street, Suite 1300 – front desk on _____.

This party is responsible for the timely distribution of the conformed order to all parties, pursuant to OACRP 16 G.

Name
Firm Name
Address
City, State, Zip
Fax:

COUNSEL CERTIFICATE OF SERVICE

I hereby certify that true and correct copies of the foregoing Order were served upon the parties by placing the same in the United States mail, postage prepaid on _____, properly addressed to the following:

Interested Party 1
Address 1
City, State, Zip 1

Interested Party 2
Address 2
City, State, Zip 2

Interested Party 3
Address 3
City, State, Zip 3
