

Instructions for Completing the Settlement Routing Sheet

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.

DIVISION OF WORKERS' COMPENSATION SETTLEMENT ROUTING SHEET

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Customer Service 303.318.8700

Claimant's name: _____

Clear Entire Form

List all workers' compensation (WC#) numbers included in this settlement:

WC#: _____
 WC#: _____
 WC#: _____
 WC#: _____ DOI _____

List all attorneys and corresponding registration numbers:

Claimant's Attorney _____ Reg. # _____
 _____ Reg. # _____
 _____ Reg. # _____
 Other Attorney _____ Reg. # _____

**"Clear Entire Form" button
 Clears all information at once**

Type of settlement (check one):

- Full and Final Settlement (F)
- Partial Settlement (P)
- Third Party (Subrogation) Settlement (T)
- Structured Settlement (S)
- Structured Settlement (L)

Total amount of settlement award (Include lump sum plus present value of any structured settlement)

\$ _____

Double check and verify the following – failure to do so could result in the rejection of your settlement agreement:

1. Workers' compensation numbers are correct
2. Settlement document has original signatures of all parties
3. Claimant's signature is properly notarized
4. A standard order is included

I have reviewed the attached settlement document and order, and

**"Check Box"
 Click in Box**

Signature _____ Date _____

Representative for Claimant Respondent

Resubmitted (if initially rejected)

Signature _____ Date _____

Print Name _____
 Representative for: Claimant Respondent

Instructions for document return:

- Will pick up at Customer Service Please mail (Division will mail only if sufficient copies, with addressed, stamped envelopes for all parties are attached)

Contact person for information:

Name _____ Phone number _____

Contact person for document pickup:

Name _____ Phone number _____

This form must be completed and submitted with the settlement document and order. Include a mailing certificate if the order is to be mailed. Submit the original settlement document and copies for all parties listed on the mailing certificate. Failure to correctly complete and submit all documents may result in rejection or return of the settlement. Settlement documents for claimants not represented by an attorney must be submitted directly to the Prehearing Unit of the Division of Workers' Compensation, Suite 1300. Do not complete this form if the claimant is unrepresented.

Division of Workers' Compensation Use Only:

Approved Date: _____ By: _____
 Rejected (see # above) Date: _____ By: _____

DIVISION OF WORKERS' COMPENSATION SETTLEMENT ROUTING SHEET
Customer Service 303.318.8700

Claimant's name: _____

List all workers' compensation (WC#) numbers included in this settlement:

WC#: _____ DOI _____
 WC#: _____ DOI _____
 WC#: _____ DOI _____
 WC#: _____ DOI _____

List all attorneys and corresponding registration numbers:

Claimant's Attorney _____ Reg. # _____
 Respondent's Attorney _____ Reg. # _____
 Other Attorney _____ Reg. # _____
 Other Attorney _____ Reg. # _____

Type of settlement (check one):

- Full and Final Settlement (F)
- Partial Settlement (P)
- Third Party (Subrogation) Settlement (T)
- Structured Settlement (S)
- Structured Settlement (L)

Total amount of settlement award (Include lump sum plus present value of any structured settlement)

\$ _____

Double check and verify the following – failure to do so could result in the rejection of your settlement agreement:

- 1. Workers' compensation numbers are correct
- 2. Settlement document has original signatures of all parties
- 3. Claimant's signature is properly notarized
- 4. A standard order is included

I have reviewed the attached settlement document and order, and believe they comply with the Division rules.

Signature _____ Date _____ Print Name _____
 Representative for: Claimant Respondent

Resubmitted (if initially rejected)

Signature _____ Date _____ Print Name _____
 Representative for: Claimant Respondent

Instructions for document return: Will pick up at Customer Service Please mail (Division will mail only if sufficient copies, with addressed, stamped envelopes for all parties are attached)

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Division of Workers' Compensation Use Only:

Approved Date: _____ By: _____
 Rejected (see # ___ above) Date: _____ By: _____

Person picking up documents: _____
 Print Name Signature

On behalf of: _____ Date: _____

Mail or deliver all documents to:
Division of Workers' Compensation, Customer Service
633 17th St., Suite 400, Denver, CO 80202-3626