

Instructions for Completing the Settlement Order (Represented Claimant)

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 “Workers’ Compensation Numbers” 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.

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.

Adobe Acrobat - [WC073 Settlement Order.pdf]

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STATE OF COLORADO
EXECUTIVE DEPARTMENT

Workers' Compensation Number (s): _____

IN THE MATTER OF THE CLAIM OF

Claimant

VS

Employer,

and

SETTLEMENT
ORDER

Clear Entire Form

**“Clear Entire Form” button
Clears all information at once**

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11:35 AM
Tuesday
5/27/2003

STATE OF COLORADO
Division of Workers' Compensation

Workers' Compensation Number (s): _____

IN THE MATTER OF THE CLAIM OF

Claimant

vs

**SETTLEMENT
ORDER**

Employer,

and

Insurer,
Respondents.

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

_____ month _____ day _____ year .

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 _____ , _____ year .

DIVISION OF WORKERS' COMPENSATION

By _____

Director or Administrative Law Judge

CERTIFICATE OF MAILING:

I hereby certify that on the _____ day of _____ 20 _____ ,

I placed a true and correct copy of the foregoing Settlement Order in the United States mail,
postage prepaid, addressed as follows:

By: _____