

STIPULATED SETTLEMENT

TO: State Board of Workers' Compensation

This stipulation complies with O.C.G.A. §34-9-15 and Board Rule 15. A copy for each party is enclosed, along with a corresponding number of legal-sized envelopes, each of which is addressed to a different party. Each page of this stipulation [excluding attachments] is numbered; this is the first numbered page. Form WC-15b is the last page, and it is not numbered. Attachments, such as the attorney fee contract or the most recent medical report or summary, are placed after Form WC-15b, and are not numbered. This is being sent to the State Board of Workers' Compensation at Suite 1000 - South Tower, One CNN Center, Atlanta, Georgia 30303-2788.

IF ANY INSURER IS A PARTY, THIS STATEMENT MUST BE SIGNED BY EACH INSURER:

I sent a copy of the proposed stipulation to the employer before it was signed by any parties.

This involves: _ catastrophic injury _ death claim _ minor employee		_____
		Representing Insurer:

		Representing Insurer:

Claim Number:
Date[s] of Injury:

The names, addresses, and telephone numbers of the parties and attorneys, as well as a designation of which party or parties each attorney represents, follow, with the name of the employee appearing first.

