

WC-15b  
(7/92)

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

**ORDER APPROVING**

**STIPULATED SETTLEMENT**

Claim Number:

Date[s] of Injury:

This stipulated settlement has been submitted by the parties listed above, whose addresses and whose attorneys and their addresses are also listed. The agreement, which consists of the preceding \_\_ pages, is approved by the

State Board of Workers' Compensation, and is made an order, this