WORKERS' COMPENSATION COMMISSION

STIPULATION OF PARTIES

WCC Claim Number: _____

Claimant: _____

Employer: _____

Insurer: _____

It is STIPULATED this ____ day of _____, _____ by and between the above-named parties, that an Award of Compensation is necessary and appropriate in the above-titled claim on the following information:

(1) Date of Accident: _____ Amended: Y N

(2) Claimant's Average Weekly Wage: $ _____ Amended: Y N

(3) Temporary Total / Temporary Partial:

(4) Attached hereto are the medical evaluation report(s) of:

Claimant's Doctor #1 _____ #2 _____

Insurer's Doctor #1 _____ #2 _____

(5) The Parties agree to a permanent partial disability of :

at the rate of $ _____, payable weekly, beginning _____ for _____ weeks.

IN WITNESS WHEREOF, the undersigned Parties have agreed to the aforementioned Stipulation on the day and year as stated above

ATTEST:

_____ _____

Signature of Attorney for Claimant Signature of Claimant

BY: _____

Signature for Employer/Insurer

CLICK HERE TO CLEAR THE FORM

STIPULATION OF PARTIES

The Claimant being unrepresented by Counsel, the Insurer furnishes herewith copies of all medical reports in its possession.

I, the undersigned, as Claimant in the above-entitled case, not being represented by Counsel, do hereby state that I understand that this Stipulation does not foreclose my future right to reopen my case or the right to continuing medical care; that I have the right to have any future claim heard before the MD Workers' Compensation Commission; that I would have a right to appeal any decision in the future to be made by the Workers' Compensation Commission; and that I have entered into this Stipulation only for the purpose of determining the degree of my disability at this time.

WITNESS:_____ CLAIMANT: _____
Signature Signature

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(6) FEES AND COSTS

In accordance with COMAR 14.09.04.02, WCC Form H44, "Claimant's Consent to Pay Fees and Costs", MUST be submitted to the Workers' Compensation Commission.

CONSENT OF CLAIMANT: The Claimant in this case has read and signed the Stipulation and consents to the fees as set forth in the attached WCC Form H-44.

_____
Signature of Claimant

CLICK HERE TO CLEAR THE FORM