WORKERS' COMPENSATION COMMISSION
10 East Baltimore Street ● Baltimore, Maryland 21202-1641
410-864-5100 ● Email: info@wcc.state.md.us
Web: http://www.wcc.state.md.us

STIPULATION OF PARTIES AND AWARD OF COMPENSATION

WCC Claim #: _____
Claimant: _____
Employer: _____
Insurer: _____

It is STIPULATED this ____ day of _____, 20___ by and between _____

EMPLOYEE, and _____, EMPLOYER, and

_____, INSURER, that an Award of

Compensation is necessary and appropriate in the above-titled claim based on the following information:

(1) Date of Accident: _____ [Amended: ☐ Y ☐ N]

(2) Employee'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 Parties hereto have duly executed the aforementioned statements on the day and year as stated above.

ATTEST:

_____ _____
Signature of Attorney for Claimant Signature of Claimant

_____, EMPLOYER and

_____ INSURER

BY: _____
Signature for Employer/Insurer

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

✝ The undersigned, as Employee in the above-entitled case and not being represented by Counsel, does hereby state that I understand that this Stipulation does not foreclose my future right to reopen my case and the right to continuing medical care; that I have the right to have any future claim heard before the Workers' Compensation Commission; and 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) COUNSEL AND MEDICAL FEES:

Counsel for Claimant in this case requests that from the final weeks of compensation the following fees shall be paid:

CONSENT OF CLAIMANT: The Claimant in this case has read and signed the Stipulation and consents to the fees as set forth above.

_____
Signature of Claimant

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