

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 _____ ,

a true and correct copy of the foregoing Settlement Order was served via email as follows:

By: _____