

DIVISION OF WORKERS' COMPENSATION SETTLEMENT ROUTING SHEET
Customer Service 303.318.8700

Claimant's name: _____

List all workers' compensation (WC#) numbers included in this settlement:

WC#: _____ DOI _____
 WC#: _____ DOI _____
 WC#: _____ DOI _____
 WC#: _____ DOI _____

List all attorneys and corresponding registration numbers:

Claimant's Attorney _____ Reg. # _____
 Respondent's Attorney _____ Reg. # _____
 Other Attorney _____ Reg. # _____
 Other Attorney _____ Reg. # _____

Type of settlement (check one):
 Full and Final Settlement (F)
 Partial Settlement (P)

Total amount of settlement award (Include lump sum plus present value of any structured settlement)
 \$ _____

Double check and verify the following – failure to do so could result in the rejection of your settlement agreement:

1. Workers' compensation numbers are correct
2. Claimant's signature is properly notarized
3. A standard order is included

I have reviewed the attached settlement document and order, and believe they comply with the Division rules.

 Signature Date Print Name

Instructions for order return: Pick up
 Mail (addressed, stamped envelopes for all parties are attached)
 Email: _____

Contact person for information: Contact person for document pickup:
 _____ _____
 Name Phone number Name Phone number

This form must be completed and submitted with the settlement document and order. Include a mailing certificate if the order is to be mailed or electronically submitted. Submit the settlement document and copies for all parties listed on the mailing certificate. Failure to correctly complete and submit all documents may result in rejection or return of the settlement. Settlement documents for claimants not represented by an attorney must be submitted directly to the Prehearing Unit of the Division of Workers' Compensation. Do not complete this form if the claimant is unrepresented.

Division of Workers' Compensation Use Only:
 Approved Date: _____ By: _____
 Rejected (see # ____ above) Date: _____ By: _____

Person picking up documents:
 _____ _____
 Print Name Signature

On behalf of: _____ Date: _____

Mail or deliver all documents to:
Division of Workers' Compensation, Customer Service
633 17th St., Suite 400, Denver, CO 80202-3626
cdle_dowc_settlements@state.co.us