

STATE OF COLORADO
Division of Workers' Compensation

Workers' Compensation Number (s): _____

IN THE MATTER OF THE CLAIM OF

Claimant

VS

Employer,

and

Insurer,
Respondents.

**PRO SE
SETTLEMENT
ORDER**

[FOR UNREPRESENTED CLAIMANT]

The parties filed a settlement agreement, with the claimant's notarized signature dated:

_____, _____,
month day year

The unrepresented claimant has:

___ seen and understands the advisement slide/video presentation or heard a prerecorded audio advisement and/or

___ has spoken with the Administrative Law Judge about this settlement ___ in person ___ by telephone

This approval proceeding has been electronically recorded at Tape Number _____.

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 _____, _____.
day month year

DIVISION OF WORKERS' COMPENSATION

By _____
Director or Administrative Law Judge

DIVISION CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Order was served upon the following party by:

- hand delivered on _____.
- placing the same order in the United States mail, postage prepaid, on _____
- placing for pick up at 633 17th Street, Suite 1300 – front desk on _____.

This party is responsible for the timely distribution of the conformed order to all parties, pursuant to OACRP 16 G.

Name
Firm Name
Address
City, State, Zip
Fax:

COUNSEL CERTIFICATE OF SERVICE

I hereby certify that true and correct copies of the foregoing Order were served upon the parties by placing the same in the United States mail, postage prepaid on _____, properly addressed to the following:

Interested Party 1
Address 1
City, State, Zip 1

Interested Party 2
Address 2
City, State, Zip 2

Interested Party 3
Address 3
City, State, Zip 3
