

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

_____ vs. Claimant,	No(s): _____ _____
_____ Employer,	Contingent Settlement Under Iowa Code § 85.35(5)
_____ Insurance Carrier,	
_____ Defendant(s).	

The undersigned parties submit this Contingent Settlement to the Workers' Compensation Commissioner under Iowa Code section 85.35(5). In support of it, the parties agree:

1. Claimant sustained an injury that arose out of and in the course of employment on: _____.
2. The accompanying settlement and its approval are conditioned upon the occurrence of the following event:
3. If it appears that the contingent event will not occur within one year of the Commissioner's approval of this settlement, during the course of that year, a party may apply to the Commissioner to vacate the settlement or extend the time allowed for the event to occur. If no party so applies within that year, the contingency lapses and the settlement becomes final and fully enforceable.

Claimant
 Name: _____
 Date: _____

Representative of Defendant(s)
 Name: _____
 Date: _____

Attorney for Claimant
 Name: _____
 Date: _____

Attorney for Defendant(s)
 Name: _____
 Date: _____

The information will be open for public inspection under Iowa Code sections 22.11 and 10A.333(1).

