

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

<p style="text-align: center;">_____ vs. Claimant, ,</p> <p style="text-align: center;">_____ Employer, ,</p> <p style="text-align: center;">_____ Insurance Carrier, ,</p> <p style="text-align: center;">_____ Defendant(s). ,</p>	<p>No(s).: _____ _____</p> <p style="text-align: center;">Compromise Settlement Under Iowa Code § 85.35(3)</p>
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The parties hereby submit this compromise settlement to the Iowa Workers' Compensation Commissioner under Iowa code section 85.35(3) for approval. In support of it, the parties agree:

1. Date of injury: _____
2. A dispute exists under the Iowa Workers' Compensation Law, which the parties seek to resolve by a full and final compromise disposition of claimant's claim for benefits. The subject and nature of the dispute is:

3. If claimant is represented by legal counsel, it is presumed that the required showing for approval of the settlement has been made. If claimant is not represented by an attorney, a claimant statement and evidence of the dispute is attached.
4. As a compromise of their competing interests, the parties agree to the payment and other terms of settlement contained in the attached pages or as follows:

5. In consideration of this payment, claimant releases and discharges the defendant(s) from all liability under the Iowa Workers' Compensation Law for the above compromised claim. In the event a claimant is not represented by counsel, the defendant(s) are responsible for all medical treatment authorized at any time up through the date of approval of the settlement.

STATEMENT OF AWARENESS OF CLAIMANT

I have read the compromise settlement and attached page(s). I understand that the money I receive under this settlement is the total amount I will receive from my claim and that there will not be a hearing and decision on my claim. I am aware that if the Workers' Compensation Commissioner approves this compromise settlement and the defendant(s) pay me the agreed sum, then I am barred from future claims or benefits under the Iowa Workers' Compensation Law for the injury or injuries compromised. I understand I may consult with an attorney of my own choosing for a full explanation of the terms of this document and of my rights under the Iowa Workers' Compensation Law. I have either done so or freely waive my right to do so.

Signature of Claimant

Date: _____

Signature of Attorney for Claimant

Name: _____

Law Firm: _____

Email: _____

Phone: _____

Address: _____

_____ } SS

On this _____ day of _____, _____, before me personally appeared the above claimant to me known to be the identical person named in and who executed the foregoing instrument and acknowledged that the document has been read and executed as a voluntary act.

Notary Public

CONSENT BY DEFENDANT(S)

Defendant(s), _____, consent(s) to the terms of the compromise settlement.

Signature of Representative of Defendant(s)

Name: _____

Job Title: _____

Entity: _____

Signature of Attorney for Defendant(s)

Name: _____

Law Firm: _____

Email: _____

Phone: _____

Address: _____

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



Iowa Department of **INSPECTIONS APPEALS & LICENSING**
Division of **WORKERS' COMPENSATION**

Compromise Settlement Under Iowa Code Section 85.35(3)

Form 14-0025 — Last Updated July 10, 2023

www.iowaWorkComp.gov

