



IOWA DIVISION *of* WORKERS' COMPENSATION

Claimant's Statement

Form 14-0163

The Iowa Division of Workers' Compensation (DWC) requires a claimant who is not represented by counsel to attach this completed and signed form with any proposed settlement documents. DWC will use the information you give on this form when considering your proposed settlement.

Notice to Claimant Not Represented by Counsel:

- DWC is a neutral government agency.
- DWC cannot represent or give legal advice to any party in any claim.
- A private attorney may advise you on your rights and responsibilities under Iowa workers' compensation law, including settlements.
- By choosing to represent yourself, you assume the sole burden of proceeding and bear any risk associated with the settlement requested.
- For resources to help you seek legal advice, go to: www.iowaworkcomp.gov/legal-advice-referrals

Instructions:

- A reference to "you," "your," or "claimant" means the person who was injured at work.
- You may type your answers on the fillable PDF form or print the form and write your answers by hand. If you write your answers by hand, print legibly.
- Provide responsive information or state one of the following: "None," "Does not apply," or "I don't know."
- If you need more space for any of your answers, use Section 5, "Additional Information."

1. Personal Information.

Full Name: _____

Email Address: _____

Daytime Phone Number: _____ Current Age: _____

2. Injury & Disability.

Date of Injury: _____ Body Part(s) Affected: _____

Have you received a rating of permanent impairment or disability? Yes. No.

If "Yes," provide the name of each doctor who gave you a rating and the percentage:

Full Name of Doctor	Rating	
		%
		%
		%

Have you received work restrictions from a doctor? Yes. No.

If "Yes," provide the restrictions given and state whether they are temporary or permanent:

3. Education.

What is the last year of schooling you completed in grades K-12? _____

Did you graduate from high school? Yes. No. If "Yes," check one: Diploma. GED or HiSET.

List all other schooling, training, degrees, certificates, credentials, or licenses you have received:

4. Employment.

Briefly list the jobs you have held during the past 10 years:

Are you unable to do any of these jobs? Yes. No.

If "Yes," explain which jobs you are now unable to do and why:

Are you currently working? Yes. No. If "Yes," is this the job you held when injured? Yes. No.

If "No" to either question, explain:

Have your earnings changed because of the injury? Yes. No.

If "Yes," explain:

5. Additional Information You Want to Share.

I have attached up to 2 additional pages of additional information to this completed form.

6. Certification & Signature.

I, _____, certify that I have answered these questions to the best of my ability and that all information provided on the form and any attachments is accurate and true to the best of my knowledge.

X _____
Signature

Date