Claimant's Statement (for Non-represented claimant only)

Read the information before you begin completing this statement.

Please be advised that the Division of Workers' Compensation cannot represent any party in a claim for benefits. The Division of Workers' Compensation cannot furnish legal counsel or represent the interest of any party in any claim. An attorney can advise you as to the complexities of settlements and rights which may be applicable. In choosing to represent yourself, you assume the sole burden of proceeding and bear any risk associated with the settlement requested.

How to Complete This Form

The Division of Workers' Compensation will use the information you give on this statement in considering your proposed settlement.

Print or type your answers.

A reference to "you," "your," or "claimant" means the person who was injured at work.

Answer all the questions in each section with your response or "none," "does not apply," or "don't know."

Check answers where a space or box is provided.

If you need more space for any of your answers, use Section 5

Section 1-Information About the Claimant

A.	Name		
	(First)	(MI)	(Last)
В.	Current Age		
C.	Daytime phone number (,	
	(area coo	le)	
Ъ	Email address:		
υ.	Email address		
E.	Date of Injury/	/	
	Month Da	ay Year	

<u>Section 2 – Information about The Injury</u>

A. State the part(s) of the body injured:
B. Have you received a Permanent Partial Disability rating?yesno If yes, please give the percent of disability% If more than one doctor has given a PPD rating state below:
Doctor's name % of disability
C. Any work restrictions given by the doctor?yesno
If yes, please state the restrictions given and include whether they are Temporary or Permanent:
Section 3 – Information About Your Education
A. Last year of schooling completed in grades K-12
B. Did you graduate from High School?yesno Check one: Diploma? GED?
C. List any additional schooling, job training, degrees, certificates, or licenses you have received:

Section 4 – Information on Work History. Please briefly list jobs held during the past 10 years: Are you unable to do any of these jobs? _____yes ____no If yes, explain which jobs and why: Are you currently working? _____yes ____no ls this the job you held when injured? _____yes ____no (If no to either question, explain) Have Your Earnings changed because of injury? _____yes ____no If yes, explain. Section 5-Additional Information You Want to Share:(attach up to 2 additional pages, if necessary)

<u>Section 6 – Certification and Signature</u>
I certify that I have answered these questions to the best of my ability and that any statements written are accurate and true to the best of my knowledge.

Signature:	Date:
(Print name here):	

