

RETURN TO:  
OFFICE OF WORKERS' COMPENSATION  
POST OFFICE BOX 94040  
BATON ROUGE, LA 70804-9040  
(225) 342-7565  
TOLL FREE (800) 201-3457

1. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. Date of Injury/Illness \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Part(s) of Body Injured \_\_\_\_\_
4. OWC Docket Number \_\_\_\_\_
5. OWC District Number \_\_\_\_\_

**REQUEST FOR COMPROMISE  
OR LUMP SUM SETTLEMENT**

\_\_\_\_\_  
DATE OF APPROVAL

\_\_\_\_\_  
JUDGE

**EMPLOYEE**

6. Name \_\_\_\_\_  
Street or Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**EMPLOYEE'S ATTORNEY**

7. Name \_\_\_\_\_  
Street or Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**EMPLOYER**

8. Name \_\_\_\_\_  
Street or Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**INSURER/ADMINISTRATOR  
(circle one)**

9. Name \_\_\_\_\_  
Street or Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**EMPLOYER/INSURER'S ATTORNEY  
(circle one)**

10. Name \_\_\_\_\_  
Street or Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

11. DATE OF SETTLEMENT CONFERENCE \_\_\_\_\_

12. TERMS AND AMOUNT OF SETTLEMENT: \_\_\_\_\_

13. BENEFITS PAID TO DATE:

a.) AVERAGE WEEKLY WAGE: \_\_\_\_\_

b.) WORKERS' COMPENSATION BENEFITS: \_\_\_\_\_

c.) MEDICAL BENEFITS: \_\_\_\_\_

d.) DEATH BENEFITS: \_\_\_\_\_

14. ATTORNEY FEES PAID TO DATE: \_\_\_\_\_

15. ADDITIONAL FEES REQUIRED: \_\_\_\_\_

**ATTACHMENTS REQUIRED:**

\_\_\_\_\_ JOINT PETITION  
\_\_\_\_\_ FORM 1007 ATTACHED \_\_\_\_\_ OR ON FILE \_\_\_\_\_  
\_\_\_\_\_ FORM 1003 ATTACHED \_\_\_\_\_ OR ON FILE \_\_\_\_\_  
\_\_\_\_\_ EMPLOYEE AFFIDAVIT  
\_\_\_\_\_ EMPLOYER CONCURRENCE  
\_\_\_\_\_ ALLEGATION OF LEGAL REPRESENTATION

\_\_\_\_\_ MOST RECENT MEDICAL REPORT  
\_\_\_\_\_ WAIVER OF RIGHTS UNDER L.R.S. 23:1271  
\_\_\_\_\_ FILING FEE PAID  
\_\_\_\_\_ ORDER OF APPROVAL  
\_\_\_\_\_ MOTION AND ORDER FOR ATTORNEY FEES  
\_\_\_\_\_ MOTION AND ORDER TO DISMISS 1008  
(IF APPLICABLE)

SUBMITTED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_