

D. C. Department of Employment Services
Office of Workers' Compensation

Claimant
v.
Employer
Insurance Carrier

OWC Case No. _____

APPROVAL OF COMPROMISE OF THIRD
PERSON CAUSE OF ACTION

The above named employer and its insurance carrier having liability for disability/ death benefits under the _____ Act in the above captioned case, and being advised that the claimant or representative above named has compromised the cause of action against _____ third person(s), which arose out of the injury/death on _____ in the case, in the gross amount of \$ _____, and the net amount of \$ _____ dated _____ approves said compromise on the date shown below, pursuant to the provisions of Sec. 36-335 of the District of Columbia Workers' Compensation Act of 1979.

Employer _____

By _____

Title _____

Date _____

Insurance Carrier _____

By _____

Title _____

Date _____

Claimant _____

By _____

Title _____

Date _____

Filed on _____ in the Office of Workers' Compensation

Date _____ Associate Director _____

This form or a signed statement in lieu thereof containing language of the same intent, must be filed in the Office of Workers' Compensation within 30 days after compromise is made in order to insure that the employer shall be liable for compensation and medical expenses as provided in Section 36-335 of the Act.