

WORKSHEET FOR SETTLEMENTS: INJURY CASE

K-WC 12 (Rev. 3-14)

Docket No.: _____ Heard by: _____

Claimant: _____ Social Security number: _____

Respondent: _____

Insurance Carrier: _____

Date of hearing: _____ Place of hearing: _____

Appearances:

Claimant appeared by: _____

Respondent (and insurance company) appeared by: _____

Workers' Compensation Fund appeared by: _____

Date of accident: _____ Place of accident: _____

Average weekly wage: \$ _____ Compensation paid: \$ _____

Medical evidence to be admitted: _____

Medical and hospital expenses: _____

Basis of Settlement:

1. Compromise

\$ _____ on a strict compromise of the following issues:

2. Scheduled Injuries

\$ _____ for amputation of _____, or _____%
(scheduled member)

permanent partial loss of use of _____ (as per medical report).
(scheduled member)

3. General Bodily Disability

\$ _____ for _____% permanent partial general bodily disability (as per medical report).