

**TENNESSEE BUREAU OF WORKERS’ COMPENSATION**

**IN THE COURT OF WORKERS’ COMPENSATION CLAIMS**

**AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Name of Employee, Deceased, By \_\_\_\_\_\_ Surviving Dependent(s) or Estate’s Executor,** | **)****)****)** | **Docket No.** |
| **Dependent(s) or Estate,** | **)** |  |
| **v.** | **)** | **State File No.** |
| **Employer Name,** | **)** |  |
| **Employer,** | **)** |  |
| **And** | **)** |  |
| **Insurance Carrier Name,** | **)** | **Judge** |
| **Carrier.** | **)** |  |
|  |  |  |
| **ORDER APPROVING SETTLEMENT AGREEMENT** |

This case came before the Court for approval of the attached settlement agreement. The Court considered the agreement, the parties’ statements, and counsel’s representations.

After determining that the Dependent(s) or Estate’s Executor understand his/her/their rights provided by the Workers’ Compensation Law, and the benefits to which he/she/they may be entitled, the Workers’ Compensation Judge finds that the Dependent(s) or Estate is/are receiving substantially the benefits provided by the Workers’ Compensation Law.

The Court further finds that the Dependent(s) or Estate is/are the dependent(s) entitled to make a claim for benefits under Tennessee Code Annotated section 50-6-210 and are the only parties entitled to pursue this claim under the Workers’ Compensation Law.

Dependent(s)’s or Estate’s Executor’s attorney is entitled to a fee of up to 20% of Employee’s recovery or award plus incurred expenses. Dependent(s) or Estate’s Executor’s attorney is taking a fee of twenty percent or \_\_\_\_\_\_\_\_\_\_ ($\_\_\_\_\_) Dollars.

[IF DEPENDENT/ESTATE’S EXECUTOR IS NOT REPRESENTED] Although Dependent(s) or Estate’s Executor have been given the time and opportunity to do so, Dependent(s) or Estate has/have voluntarily chosen not to be represented by legal counsel.

Employer’s attorney’s fees are under $10,000.00 and are deemed reasonable under Tennessee Code Annotated section 50-6-226.

THE SETTLEMENT AGREEMENT IS APPROVED. The attached agreement and all its terms are incorporated into this Order.

**ENTERED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workers’ Compensation Judge**