



**JUDICIAL COUNCIL OF CALIFORNIA
 JUDICIAL BRANCH WORKERS' COMPENSATION PROGRAM
 SETTLEMENT AUTHORITY REQUEST/NOTIFICATION**

REQUEST DATE: _____
RESPONSE DATE: _____
SENT TO: _____

AUTHORITY LEVEL: Tier I, TPA \$0-\$10,000 Tier II, JBWCP Member \$10,001-\$75,000
 Tier III, JBWCP Administrator \$75,001-\$100,000 Tier IV, Settlement Authority Panel \$100,001-\$150,000
 Tier V, Quorum of the JBWCP Advisory Committee \$150,001 & Above

ACTION REQUESTED: SETTLEMENT AUTHORITY REQUESTED INFORMATION ONLY
SETTLEMENT TYPE: COMPROMISE AND RELEASE STIPULATED AWARD

SUBMITTED BY NAME _____
 (Please contact TITLE _____
 for questions TPA NAME _____ AIMS _____
 regarding this PHONE NUMBER _____
 settlement) EMAIL ADDRESS _____

TPA MANAGEMENT APPROVAL (NAME OF APPROVER) _____
DATE APPROVED BY TPA MANAGEMENT _____

CLAIMANT INFORMATION

CLAIMANT NAME _____ **JBWCP MEMBER** _____

IS THIS CLAIMANT A CURRENT EMPLOYEE? YES NO
 IS EXCESS AUTHORITY REQUIRED? YES NO

OCCUPATION _____ **CLAIM NUMBER** _____
DATE OF BIRTH _____ **DATE OF INJURY** _____
DATE OF HIRE _____ **MEDICARE ELIGIBLE?** YES NO

ACCEPTED BODY PART(S) OR ISSUES

DISPUTED BODY PART(S) OR ISSUES

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INCURRED TO DATE

	PAID	RESERVES	INCURRED
TEMPORARY DISABILITY			
PERMANENT DISABILITY			
MEDICAL			
LEGAL			
OTHER			
VOC REHAB			
TOTAL			

HISTORY OF INJURY AND CLAIM STATUS

PERMANENT WORK RESTRICTIONS

SETTLEMENT INFORMATION

SETTLEMENT AUTHORITY REQUESTED

TOTAL SETTLEMENT (% PD = TBD)		TOTAL NEW MONEY	
Permanent Disability		Permanent Disability	
Temporary Disability/EDD		Temporary Disability/EDD	
Medical Care		Medical Care	
MSA		MSA	
Other		Other	
TOTAL SETTLEMENT REQUESTED		TOTAL NEW MONEY REQUESTED	

RATIONALE (PROS/CONS)

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RECOMMENDATION (include dollar amount and % PD)

I agree and hereby grant settlement authority for a:

- Compromise and Release (C&R)
- Stipulations with Request for Award (Stip)
- C&R or Stip if C&R Not Reached

the above-mentioned file's indicated above: (TBD)

I disagree with the above recommendation on the above-mentioned file and hereby do not approve the settlement request. However, I do grant settlement authority as follows: (TBD)

I hereby request this settlement be escalated to the next Approval level due to a conflict or disagreement regarding the settlement proposed.

This form has been signed by:

[PRINT NAME & TITLE]

DATE

[e-signatures or email approvals from the approving authority (or designee) are acceptable in lieu of wet signatures]

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