



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

CLAIMANT NAME:	IS THIS CLAIMANT A CURRENT EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE SENT TO MEMBER:	RESPONSE DUE DATE:
SENT TO:	JBWCP MEMBER:

AUTHORITY LEVEL

- Level I, TPA (\$0-\$10,000)
- Level II, JBWCP Member (\$10,001-\$100,000)
- Level III, Four Members of the JBWCP Advisory Committee & JBWCP Administrator or Designee Above \$100,000)

ACTION REQUESTED:

- SETTLEMENT AUTHORITY REQUESTED
- INFORMATION ONLY

SETTLEMENT TYPE:

- STIPULATED AWARD
- COMPROMISE & RELEASE

SUBMITTED BY:

ADJUSTER'S NAME:
 TPA NAME: Sedgwick
 E-MAIL ADDRESS:

TITLE:
 PHONE NUMBER:

DISTRIBUTION & APPROVAL DATES

SENT TO TPA MGT FROM ADJUSTER:	TPA MGT APPROVER NAME:	APPROVED BY TPA MGT:

SELECT MSC OR TRIAL:

DATE:

CLAIMANT INFORMATION

OCCUPATION:
DATE OF BIRTH:
DATE OF HIRE:

CLAIM #:
DATE OF INJURY:
MEDICARE ELIGIBLE?

Regarding Medicare: 'Y' means that the injured worker is receiving Medicare benefits. 'U' means the injured worker is not currently receiving Medicare benefits, but benefits may be eligible.

- IS EXCESS AUTHORITY REQUIRED?** YES NO
- IS CLAIMANT LITIGATED?** YES NO
- HAS A 132A, S&W, OR N&F BEEN FILED?** YES NO

ACCEPTED BODY PART (S) OR ISSUES(S):	DISPUTED BODY PART (S) OR ISSUES(S):

INCURRED TO DATE:	PAID	RESERVES	INCURRED
TEMPORARY DISABILITY:	\$0.00	\$0.00	\$0.00
PERMANENT PARTIAL	\$0.00	\$0.00	\$0.00
PERMANENT TOTAL	\$0.00	\$0.00	\$0.00
DEATH BENEFIT	\$0.00	\$0.00	\$0.00
MEDICAL	\$0.00	\$0.00	\$0.00
LEGAL	\$0.00	\$0.00	\$0.00
OTHER	\$0.00	\$0.00	\$0.00
SJDB	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL	\$0.00	\$0.00	\$0.00

HISTORY OF INJURY AND CLAIM STATUS:

PERMANENT WORK RESTRICTIONS:

OUTSTANDING LIENS:

SETTLEMENT INFORMATION:

SETTLEMENT AUTHORITY REQUESTED: \$

PERMANENT DISABILITY (%):

	TOTAL SETTLEMENT	TOTAL NEW MONEY
PERMANENT DISABILITY	\$0.00	\$0.00
TEMPORARY DISABILITY/EDD	\$0.00	\$0.00
MEDICAL CARE	\$0.00	\$0.00
MSA	\$0.00	\$0.00
OTHER	\$0.00	\$0.00
TOTAL REQUESTED	\$0.00	\$0.00

***settlement authority level is based on total new money requested**

RATIONALE:

RECOMMENDATION:
NEW MONEY:

SETTLEMENT AUTHORITY BY MEMBER

Level I or II

- I AGREE AND HEREBY GRANT SETTLEMENT AUTHORITY FOR THE ABOVE-MENTIONED FILE(S) BY WAY OF A:**
- STIPULATION WITH REQUEST FOR AWARD (STIP) ONLY
 - COMPROMISE & RELEASE (C&R) ONLY
 - C&R OR STIP IF C&R IS NOT REACHED
- I DISAGREE WITH THE ABOVE RECOMMENDATION ON THE ABOVE-MENTIONED FILE AND HEREBY DO NOT APPROVE THE SETTLEMENT REQUEST. HOWEVER, I DO GRANT SETTLEMENT AS FOLLOWS:**
- I HEREBY REQUEST THIS SETTLEMENT BE ESCALATED TO LEVEL III DUE TO A CONFLICT OR DISAGREEMENT REGARDING THE SETTLEMENT PROPOSED.**

THIS FORM HAS BEEN SIGNED BY:

Name and Title

DATE SIGNED: _____

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

JBWCP MEMBER: PLEASE CONVERT TO PDF BEFORE SUBMITTING THIS TO TPA

SETTLEMENT AUTHORITY BY PANEL

Level III

Once the Settlement Panel has convened, a narrative with the Panel's Decision will be sent from the approving authority (or designee), which will list all attendees, including the voting members.