



Instructions

- Please print or type
- Please attach to the *Self-insured Joint Settlement Agreement and Release* and file both completed forms at the nearest regional office of the Industrial Commission of Ohio (IC).

Injured worker name		Claim number
Employer name	Risk number	Date

I, _____, certify my attorney _____ has
(injured worker)

totally explained to me all areas of the settlement application/agreement that I have agreed to, with the self insured employer named above.

I understand that by agreeing to the attached application/agreement:

1. I will not receive payment from the self-insured employer, BWC or IC for any future compensation, medical bills or any other benefits as outlined in the *Self-insured Joint Settlement Agreement and Release*;
2. That any amount paid to me because of this settlement/agreement is subject to any valid court-ordered child support payments;
3. That I may also be required, because of my contractual relationship with my attorney, to pay attorney fees because of their representation in the negotiation and completion of the settlement/agreement.

Injured worker signature	Date
Attorney of record signature	Date