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**TENNESSEE BUREAU OF WORKERS’ COMPENSATION**

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

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

|  |  |  |
| --- | --- | --- |
| **Employee Name,** | **)** | **Docket No.:** |
| **Employee,** | **)** |  |
| **v.** | **)** | **State File Number:** |
| **Employer Name,** | **)** |  |
| **Employer,** | **)** | **Judge [ ]** |
| **And** | **)** |  |
| **Insurance Carrier Name,** | **)** |  |
| **Insurance Carrier.** | **)** |  |
|  | **)** |  |
|  | | |
| **AFFIDAVIT** | | |

I, [insert Employee’s name] having been duly sworn, hereby make oath that the following facts are true and correct and are based upon my personal knowledge.

1. I currently reside at [insert Employee’s physical residential address]. I am over eighteen (18) years of age and I speak [insert language] as my primary language. I have completed the [insert highest grade level completed] grade.

2. I have been provided with, reviewed, and signed the “Explanation of Workers’ Compensation Benefits” and been provided the opportunity to ask questions regarding the settlement agreement.

3. I understand that I have the right to be represented by an attorney of my choice.

4. I further understand that I am not obligated to enter into the settlement agreement and have the right to have a Compensation Hearing before a Judge in the Court of Workers’ Compensation Claims. I acknowledge that by signing the settlement agreement, I have waived the right to have a Compensation Hearing.

5. On [insert date of injury], while in the course and scope of my employment for [insert name of Employer], I was sustained injury to my [insert injury] when [insert description of injury]

6. I was evaluated and/or treated by [insert names of treating physicians] for [insert diagnosis]. I was placed at maximum medical improvement on [insert date of MMI] and assigned a [insert rating] permanent medical impairment to the body as a whole.

7. I received temporary disability benefits in the amount of $[insert total amount of TTD and/or TPD paid]. I am not claiming that any additional temporary disability benefits are due.

8. Medical benefits were paid in the amount of $[insert total amount of medical expenses paid]. All medical expenses to my knowledge have been paid by the Employer’s workers' compensation insurance carrier.

9. Following the work injury, I returned to work for [insert employer’s name], earning the same or greater wages. I am still working for [insert name of Employer].

10. I have agreed to settle this workers' compensation claim for [insert terms of settlement].

11. I understand that I have received or will receive (choose one) [a lump sum payment of $[insert lump sum payment amount and I affirm that I have the ability to wisely manage and control the commuted award] [periodic payments for (insert number of weeks) at the rate of $ per week, for a total payout of $]. I further understand that if I were to try this case in the Court of Workers’ Compensation Claims, the award *may* be more or less than the agreed upon settlement amount [and *may* not be ordered in a lump sum payment].

12. I affirm and attest that I am not currently in bankruptcy.

13. I further affirm and attest that I am not subject to or responsible for any current or overdue support obligations contemplated by Tennessee Code Annotated section 50-6-223, in the State of Tennessee.

14. I believe that this settlement is fair and just, and I fully understand the terms of the settlement agreement.

15. I am unable to attend an in-person hearing because (insert reason)

16. With full knowledge of my rights and responsibilities, I hereby request that the Court of Workers’ Compensation Claims approve the settlement based on my sworn testimony contained in this Affidavit.

FURTHER THIS AFFIANT SAITH NOT.

EMPLOYEE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert Employee’s Full Name]

Sworn to and subscribed before me this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_