

IN THE CHANCERY COURT FOR RUTHERFORD COUNTY, TENNESSEE
AT MURFREESBORO

_____,
PLAINTIFF,

vs.

CASE NO. _____

_____,
DEFENDANT.

A F F I D A V I T

Comes _____, the _____ in this cause, having
been duly sworn, who would state to the Court as follows:

1. My name is _____.
2. I reside at _____.
3. I have entered into a worker's compensation settlement, settling all claims,
which I have pending in this cause under the Worker's Compensation Act.
3. As a part of that agreement, I have knowingly, willingly, and intelligently
surrendered all of my right to have future medical expenses relating to this injury paid by
my employer or its insurance company. I have made this decision without force or
coercion.
4. Further, I understand that under the terms of the worker's compensation law, I
would almost certainly be entitled to retain these future medical benefits for the
remainder of my life.

5. I recognize and understand that the only reason my future medical benefits will be terminated is because of my agreement with my employer in this case.

6. I have agreed to receive \$ _____ in exchange for surrendering my future medical benefits.

7. In addition to the above sum, I have further agreed to compromise all claims which I have in this cause for the sum of \$ _____. This equates to a _____ percent vocational disability, apportioned to the _____.

8. I was treated by the following doctors who assigned the following anatomical impairment ratings to me:

DOCTOR

ANATOMICAL RATING

9. I understand that it is the duty of the Court to establish attorney's fees for my lawyer. I would request that my attorney be compensated \$ _____, which equates to _____ percent of my total recovery. I am satisfied with the work of my attorney in this cause.

10. I recognize my right to have my case tried by a Judge, and I know that worker's compensation cases are tried quickly. I waive my right to a trial. I know that a Judge might decide that I am entitled to receive more money than I am receiving in this settlement, and I also recognize that a Judge might determine that I am entitled to receive less money than I am receiving in this settlement.

11. I am satisfied with the terms of the settlement. I feel that I understand the settlement. I also feel that I understand the worker's compensation law as it applies to me. My attorney and I have discussed all of these matters at some length.

12. I ask the Court to conduct a hearing, considering this Affidavit and the entire file in this cause. I further ask that my attorney and I be excused from participation in that hearing. I ask the Court to approve the settlement, which I have reached in this cause.

13. I know I am not required to settle this cause, but I also understand that if this settlement is approved, I will be entitled to no further compensation from my employer or insurance company whatsoever. I also understand that the fees paid to my attorney will be deducted from the settlement, which I have agreed to accept.

Enter this the _____ day of _____, _____.

STATE OF TENNESSEE

COUNTY OF _____

Subscribed and sworn before me on this the _____ day of _____, _____.

NOTARY PUBLIC

My commission expires: _____