

# PETITION FOR COMMUTATION

TO THE INDUSTRIAL ACCIDENT BOARD OF THE STATE OF DELAWARE

SITTING IN AND FOR \_\_\_\_\_ COUNTY

_____ )	_____	_____
Claimant )	SS#	Carrier/ TPA file #
)		
vs. )	_____	
)	Carrier / Self-Insurer Name	
_____ )		
Employer )	_____	_____
)	Date of Injury	DOB
)		OWC Case File No

The undersigned prays that your Honorable Board shall, after due notice of the time and place of hearing served on all parties in interest, hear and determine the matter in accordance with the facts and the law, and state its conclusions of fact and rulings of law.

Petition for Commutation of Benefits, Pursuant to §2358:  
(Please check the appropriate blocks(s))

_____ Total Disability, Pursuant to §2324	_____ Partial Disability, Pursuant to §2325
_____ Permanent Impairment, Pursuant to §2326	_____ All Benefits, <u>Except</u> Medical Expenses
_____ 2 <sup>nd</sup> Injury Fund, Pursuant to §2327	_____ All Benefits, <u>Including</u> Medical Expenses
_____ Medical Expenses <u>Only</u>	_____ Other _____
	_____

Petition for Commutation of Benefits, Pursuant to §2358:

\_\_\_\_\_ The parties agree to the above settlement commutation to be presented by stipulation to the Board.

The person or parties who agreed with this communication are \_\_\_\_\_

\_\_\_\_\_ The parties contest the above commutation and request a pre-trial hearing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Name of opposing party

\_\_\_\_\_  
Signature of Petitioning Party

\_\_\_\_\_  
Address