

**A Form Confidential Informational Letter for an Employee who is NOT Represented by Counsel**

To: P & O Department  
Virginia Workers' Compensation Commission

Name of Employee: \_\_\_\_\_  
Re: VWC File No. \_\_\_\_\_:

I submit the following information in order to assist the Virginia Workers' Compensation Commission in determining whether to approve the proposed settlement of my pending workers' compensation claim. I understand that this information will be sealed and held in confidence by the Commission.

1. Date and nature of my injury or disease: \_\_\_\_\_
2. Age: \_\_\_ years.
3. Family status: \_\_\_\_\_ (married, single, divorced, widowed).
4. Names and ages of all dependents:

Name	Age	Relationship to Employee, i.e., son, daughter, or spouse

1. Are you currently working? (yes or no) (circle one) If yes, please provide the following:

Employer	Weekly Wages and Date of Return to Work

6. Please indicate the amount and source of any other income: (If you have no other income sources, please indicate "none" in the area below.)

Source	Amount

7. Are you able to read, write and understand the English language? (yes or no) (circle one).

(a) If you are not literate in English, state the name of the person reading, and/or translating, and explaining the settlement papers to you.

Name of Person	Address	Telephone Number

8. Are you currently receiving medical treatment? (yes or no) (circle one)

Date of last medical treatment \_\_\_\_\_

(a) Please describe the type of treatment and how often you visit your treating physician:

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(b) Identify the doctor(s) in the space below.

Name	Address	Telephone Number

(c) Are there any outstanding medical expenses? (yes or no) If yes, please state the name of the medical provider and the amount due.

9. Do you expect future medical expenses? (yes or no).(circle one)

(a) If you anticipate future medical expenses please describe below:

Type of Medical Expense & Treatment	When or How Often Anticipated

10. Do you have any other insurance that will cover your medical expenses after the settlement? (yes or no) (circle one). Please give the name of the company. \_\_\_\_\_

11. What is your intended use of the settlement proceeds?

(a) If you have any outstanding debts, please itemize your major debts (over \$1000.00) and the amounts, and indicate which of these debts you plan to pay from the settlement.

Creditor	Amount Owed	Amount That You Plan to pay from the Proceeds

12. Please list all of your major financial assets (over \$1000.00), including your home, land, equipment of all kinds, bank accounts, certificates of deposits, stocks, bonds and any other type of investments.

Major Financial Asset	Value

1. Are you receiving Social Security Disability benefits? (yes or no) (circle one) \$ \_\_\_\_\_

If you are not receiving benefits, do you intend to apply for such benefits? (yes or no) (circle one)

Are you currently receiving Medicare benefits? (yes or no) (circle one) If yes, [ ] disability or [ ] old age retirement.

1. Please explain, in your own words in the space provided below, why you believe the settlement proposal is in your best interest.

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*Please provide the following: (required)*

Employee's Signature :	Address:	Telephone Number:
		Date:

**Please attach additional sheets to supplement your answers to any of the above questions.**

**Please return this completed form to:**

**P & O Department  
Virginia Workers' Compensation Commission  
333 E. Franklin St.  
Richmond, Virginia 23219**