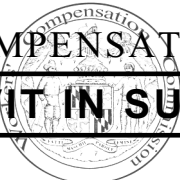


WORKERS' COMPENSATION COMMISSION

CLAIMANT'S AFFIDAVIT IN SUPPORT OF SETTLEMENT



I, _____, am the claimant in claim # _____.

I ask the Workers' Compensation Commission to approve the settlement of my claim and in support of this request state:

1. I am over eighteen (18) years of age and am competent to testify.
2. I am voluntarily settling my claim.
3. I acknowledge that in settling my claim, I am giving up the following rights:
 - a. the right to hearings before the Workers' Compensation Commission for resolution of any disputes regarding my claim;
 - b. the right to vocational rehabilitation services and to payment during my lifetime for any medical treatment related to my claim, except as provided, if at all, in this settlement;
 - c. the right, except as provided, if at all, in this settlement, to be compensated, under certain conditions, by the Subsequent Injury Fund for permanent impairments incurred before the accidental injury or occupational disease which gave rise to my claim;
 - d. the right to ask the Workers' Compensation Commission, within 5 years of the last payment of any compensation that it might have ordered, to reopen my claim should my condition related to my claim worsen;
 - e. the right to appeal to the appropriate Circuit Court if I am dissatisfied with a decision of the Workers' Compensation Commission;
 - f. the right to appeal to the Court of Special Appeals if I am dissatisfied with the decision of the Circuit Court; and
 - g. the right to petition the Court of Appeals to review the decision of the Court of Special Appeals if I am dissatisfied with the decision of the Court of Special Appeals; and
4. that, by signing this affidavit, I acknowledge that I have read, and understand, the terms of this settlement and all the documents attached in support of it, including medical reports and this affidavit.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing affidavit are true and accurate.

I, as attorney for the claimant, have reviewed this affidavit with the claimant.

Claimant's Signature

Attorney for Claimant Signature

Claimant's Name (printed)

Attorney for Claimant Name (printed)

Date

Date