

Approval of Compromise of Third Person Cause of Action

U.S. Department of Labor

U.S. DEPARTMENT OF LABOR



Last Name	First Name	M.I.
		<i>Claimant</i>
		v.
		<i>Employer</i>
		<i>Insurance Carrier</i>

OWCP Case No.

The above named employer and its insurance carrier, having liability for disability/death benefits under the _____ Act in the above captioned case, and being advised that the claimant or representative above named has compromised the cause of action against _____ third person(s), which arose out of the injury/death on _____ in the case, in the gross amount of \$ _____, and the net amount of \$ _____ dated _____ herewith approves said compromise on the date shown below, pursuant to the provisions of Sec. 33(g) of the Longshore and Harbor Workers' Compensation Act, 33 U.S.C. 933(g).

Employer _____

By _____

Title _____

Date _____

Insurance Carrier _____

By _____

Title _____

Date _____

Claimant _____

By _____

Title _____

Date _____

Filed on _____ in the Office of the District Director for the _____ Compensation District

Date _____

District Director _____

This form, or a signed statement in lieu thereof containing language of the same intent, must be filed in the office of the District Director having jurisdiction of the subject injury or death within 30 days after compromise is made in order to insure that *the employer shall be liable for compensation* as provided in section 33.