



Case Demographics

Injured Worker / Client

Date of Injury

ICA Claim No.

WCC / Carrier Claim No.

Third-Party Defendant

Third-Party Case No.

Employer

Carrier / TPA

Carrier Representative

Applicant / PI Attorney

Defense / Settling Insurer

Court / Venue

Applicant / PI Attorney Email

Carrier Representative Email

Settlement, Lien & Future Credit Calculations

Calculation Inputs

Enter Gross Settlement, Attorney Fee %, Case Costs, and Carrier Lien Claimed. Green fields auto-calculate in Adobe Acrobat/Reader.

Formulas: Fees = Gross $\times$ Fee %. Net Subject to Lien = Gross – Fees – Costs. Net to Carrier = lesser of Carrier Lien Claimed or Net Subject to Lien.

Future Credit = Net Subject to Lien – Net to Carrier. Net to Client = Future Credit under this worksheet.

Attorney Fee % (decimal)

0.3333

Example: 0.3333 = 33.33%

Gross Third-Party Settlement

input \$

Attorney Fees (auto)

Gross $\times$ Fee % \$

Case Costs

input \$

Net Settlement Subject to Lien under A.R.S. § 23-1023 (auto)

Gross – Fees – Costs \$

Carrier Lien Claimed

input \$

Net to Carrier (auto)

lesser of lien or net subject \$

Future Credit (auto)

Net subject – net to carrier \$

Net to Client (auto)

same as future credit \$

Application of Future Credit

☐ Apply to future medical benefits

☐ Apply to future indemnity benefits

Notes / Explanation (optional)

THIRD-PARTY SETTLEMENT FORM — SIGNATURES / FILING

A.R.S. § 23-1023



Attorney / Representative Certification

The undersigned certify that the settlement figures stated in this form are true and correct to the best of their knowledge, and that the stated lien reimbursement / future credit allocation accurately reflects the parties' understanding for ICA filing purposes.

Applicant / PI Attorney

Printed Name

Signature

Date

Carrier Representative

Printed Name

Signature

Date

Client Acknowledgment

The client acknowledges the settlement allocation shown on this form, including the amount designated as the net settlement subject to lien under A.R.S. § 23-1023, any amount to be reimbursed to the carrier, and any stated future credit. The client further understands that the future credit applies pursuant to A.R.S. § 23-1023(D), and that no further workers' compensation benefits (including medical or indemnity benefits) will be payable until such credit is exhausted.

Client Printed Name

Date

Client Signature

ICA Filing Information

Date Submitted to ICA Community Portal

Submitted By

Additional Filing Notes (optional)

If Adobe Acrobat/Reader is used, the calculated fields on page 1 should update automatically when input fields are changed.

Open ICA Portal Page 2 of 2

THIS FORM SHOULD BE FILED AT THE INDUSTRIAL COMMISSION OF ARIZONA (ICA) VIA THE COMMUNITY PORTAL:
<https://www.azica.gov/alj-interested-party-workers-compensation-document-submission>