



STIPULATION FOR ADVANCEMENT

Instructions: This form is to be used only to *document* an advance *agreed* upon by all parties.

WCC Claim Number:

Claimant:

Employer:

Insurer:

STIPULATION FOR ADVANCE

It is hereby stipulated between the parties that the Employer/Insurer will advance the
**Claimant the sum of \$ _____ to be credited against any future
compensation benefits.**

Employer/Insurer (Signature) Printed Name

Date

Attorney for Claimant (Signature) Printed Name

Date

Claimant Signature

Date