

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
OFFICE OF THE JUDGE OF COMPENSATION CLAIMS
DISTRICT _____

EMPLOYEE:

ATTORNEY FOR CLAIMANT:

EMPLOYER:

ATTORNEY FOR EMPLOYER/CARRIER:

CARRIER:

DOAH No. : _____

DATE OF ACCIDENT: _____

**JOINT STIPULATION REQUESTING CONSENT OF THE JUDGE OF
COMPENSATION CLAIMS TO RESOLVE ALL ISSUES BY BINDING ARBITRATION**

COMES NOW _____, Esquire attorney for the Employee/Claimant and
comes now _____, Esquire attorney for the Employer/Carrier/Service
Agent who hereby stipulate and agree as follows:

1. That this stipulation is made pursuant to F.S. 440.1926 (eff. 10/1/2003).
2. That the parties have agreed to have all issues raised by all pending petitions for benefits resolved by binding arbitration before a single arbitrator.
3. That the parties have selected and have contracted for the services of MARK L. ZIENTZ, Esquire, to act as arbitrator of their disputes and have agreed to terms including the arbitrators fees and costs as well as binding themselves to enforcement of this agreement in accordance with F.S. 682.01 et. seq.
4. That this stipulation is not made for the purpose of delay or for any other improper reason.

WHEREFORE, the undersigned counsels for the parties respectfully request that the Judge of Compensation Claims enter an Order approving this stipulation and requiring the parties to comply therewith.

The stipulation was signed by the attorney for the Employee/Claimant on the _____ day of _____, 20____ and by the attorney for the Employer/Carrier on the _____ day of _____, 20____.

Claimant's Attorney - Signature

Claimant Attorney (print name)
FBN: _____

Employer/Carrier Attorney Signature

Employer/Carrier Attorney – print name
FBN: _____