

# FORM 19



The Commonwealth of Massachusetts  
 Department of Industrial Accidents – Department 19  
 Lafayette City Center, 2 Avenue de Lafayette, Boston, MA 02111-1750  
 Info. Line: (800) 323-3249 (Inside Mass.) / (857) 321-7470 (Outside Mass.)  
 www.mass.gov/dia

DIA Board # (if known)
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## SECTION 19 AGREEMENT

1. Employee's Name (Last, First, MI) and Address (No., Street, City, State, Zip):	2. Social Security Number*:
3. Employer/Address (No., Street, City, State, Zip):	
4. Insurer/Address (No., Street, City, State, Zip):	5. Date of Injury (mm/dd/yyyy):

**Now come the parties in the above-referenced action and agree to the following on a:**

Without Prejudice  
 Without Liability

With Prejudice  
 With Liability

**Does this agreement close out the current litigation? Yes      No      Not Applicable**  
**If the answer is no, what issues remain in dispute?**

*This agreement does not forfeit the parties' rights to raise any other claims or defenses.*

6. Employee/Claimant Signature:	7. Date (mm/dd/yyyy):
8. Employee Counsel Signature:	9. Date (mm/dd/yyyy):
10. Insurer Counsel/Claims Rep. Signature:	11. Date (mm/dd/yyyy):

### APPROVAL FOR THE DEPARTMENT BY:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

