

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

	:	
	:	
Claimant,	:	
	:	
	:	File No. _____
vs.	:	
	:	APPLICATION TO DEFER
	:	
	:	PAYMENT OF FILING FEES,
Employer,	:	
	:	FINANCIAL AFFIDAVIT AND ORDER
	:	
and	:	
	:	
	:	
	:	
	:	
	:	
Insurance Carrier,	:	
Defendants.	:	

I, the undersigned, hereby request the Iowa Workers' Compensation Commissioner to accept for filing my Original Notice and Petition without prepayment of filing fee(s). I hereby state that if I am unable to defer the filing fee(s) in this matter, I would be unable to maintain this action, and there is no reasonable alternative means for procuring the filing fee(s). I understand that if the Original Notice and Petition is accepted for filing without prepayment of the filing fee(s), provision for the payment of the filing(s) must be included in any settlement submitted to the Workers' Compensation Commissioner for approval, or taxed as costs as part of a hearing on my petition.

In support of my request, I hereby submit the following affidavit under oath (attach additional sheets if necessary).

Current mailing address: _____

Current phone number: _____

Age: _____

Marital status: Single _____ Married _____ Divorced _____ Widow(er) _____

Name of spouse: _____ Live with spouse? Yes _____ No _____

If no, length of separation from spouse: _____

Number and ages of dependents: _____

INCOME:

Your occupation: _____

Are you presently working? Yes _____ No _____

If yes: Present Employer: _____

Address: _____

Weekly take-home earnings: \$ _____

Weekly gross earnings: \$ _____

Earned income for past 12 months: \$ _____

If no: Are you currently receiving weekly workers' compensation benefits of any kind? Yes _____ No _____

If yes, amount: \$ _____

Total received in last 12 months: \$ _____

Are you currently receiving any other kind of disability income, such as sick leave, social security disability, or private disability insurance payments? If so, state amount: \$ _____ per _____

Are you receiving child support for any dependents? _____

If so, how much? \$ _____ per _____.

List all other sources and amounts of income, in your name, name of spouse or jointly shared with another, including spouse's salary (net wages), pensions, bonds, stocks, securities, private business, farming, insurance, retirement benefits, social security benefits, lawsuits or settlements, gifts or others: _____.

Unemployment compensation, heating assistance, food stamps, ADC or welfare relief, in your name, spouse's name or jointly shared with another: \$ _____ per _____

List any anticipated tax refunds in the next 6 months and the amount thereof: _____

Whether or not you are presently working, state your income from all sources for the past 12 months: \$ _____.

ASSETS:

Bank with: _____ Address: _____

Balance personal bank accounts (checking and savings):

\$ _____

Balance accounts in name of spouse: \$ _____

Balance joint accounts with spouse: \$ _____

Balance joint accounts with any other person: \$ _____

List the amount of cash currently in your possession or available to you, including cash on your person, at your place of residence, in safety deposit boxes, or in any other location:

\$ _____

Real Estate:

Property 1: Type (residence, farm, etc): _____

Address or location: _____

Market value: _____

Insured value: _____

Insured with: _____

Address: _____

Tax value: _____

When purchased: _____

Purchase price: _____

Present owners besides yourself: _____

Amount of mortgages or liens on property:

Is this a homestead? Yes ___ No ___

Property 2: Type (residence, farm, etc.): _____

Address or location: _____

Market value: _____

Insured value: _____

Insured with: _____

Address: _____

Tax Value: _____

When purchased: _____

Purchase price: _____

Present owners besides yourself: _____

Amount of mortgages or liens on property:

Is this a homestead? Yes ___ No ___

If more than two properties are owned, list others on a separate sheet and attach to this form. Is such a sheet attached? Yes ___ No ___

Motor vehicles: Give make, year, present value, amount owing thereon, if any, and whether registered or titled in your name, name of spouse or jointly with another of all vehicles in which you have an ownership interest:

Vehicle 1: Description _____
Value \$ _____ Encumbrance: \$ _____
Lienholder: _____
Address: _____

Vehicle 2: Description _____
Value \$ _____ Encumbrance \$ _____
Lienholder: _____
Address: _____

Other assets in your name, in the name of your spouse, or jointly owned with someone else, including furniture, appliances, televisions, stereos, videotape equipment, photographic cameras, jewelry, furs, trust funds, notes, bonds, stocks, savings certificates, securities, cash value of life insurance, equipment or machines, boats, aircraft, motorcycles, campers or recreational vehicles, coin or stamp or any other collections with a recognized market value, livestock, purebred animals, harvested or unharvested crops, etc. and value of each:

Are you a beneficiary or heir in the estate of a person deceased? Yes___ No___

Does anyone owe you money or have any property belonging to you? If so, give details in full: _____ -

Do you have a judgment against anyone? If yes, give name, date, court and amount:

EXPENSES:

Average monthly living expense:

Food: \$ _____ per _____

Housing: \$ _____ per _____

Utilities/telephone: \$ _____ per _____

Clothing: \$ _____ per _____

Transportation: \$ _____ per _____

Medical (paid by you): \$ _____ per _____

Installment payments: \$ _____ per _____

Payable to: _____ \$ _____ per _____

Other: \$ _____

I, the undersigned, being duly sworn under oath, certify under penalty of perjury and pursuant to the laws of the State of Iowa that the foregoing statements are true and correct to the best of my knowledge, and are made in support of my request that my Original Notice and Petition be filed without payment of a filing fee at the time of filing. I understand that a knowingly false statement in this affidavit may constitute a fraudulent practice under Iowa Code section 714.8(2) and may subject me to criminal penalties, including imprisonment, fine or both. I also hereby authorize the Iowa Workers' Compensation Commissioner or any of the Commissioner's designees to investigate any statements contained herein, and I hereby waive any privilege and release any information to the Commissioner or the Commissioner's designees to facilitate an investigation of the truth of this affidavit. I further state that I am the claimant in the above-entitled action, that I have read the above Application and understand its contents, and that the statements it contains are true to the best of my knowledge.

Claimant

Subscribed and sworn to by _____ before me, a
Notary Public, this _____ day of _____, _____.

Notary Public for the State of Iowa

ORDER

Claimant's request for deferral of filing fee(s) is approved. Claimant's Petition and Original Notice may be filed without prepayment of filing fee(s). Payment of the filing fee(s) shall be deferred until final disposition of this proceeding.

Signed and filed this _____ day of _____, ____.

DEPUTY WORKERS' COMPENSATION

COMMISSIONER

Claimant's request for deferral of filing fee(s) is denied. Claimant shall forward the appropriate filing fee(s) within 14 days of this Order, or claimant's Petition will be dismissed without prejudice and without entry of further order.

Signed and filed this _____ day of _____, ____.

DEPUTY WORKERS' COMPENSATION

COMMISSIONER

The information provided will be open for public inspection under Iowa Code § 22.11.

14-0075 (7/99)

