

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

No(s): _____

vs. _____
Claimant(s),

Employer,

Insurance Carrier,

Defendant(s).

**Application to Defer
Payment of Filing Fees
&
Financial Affidavit**

REQUEST

The undersigned hereby applies to the Iowa Workers' Compensation Commissioner to defer payment of filing fee(s) in my workers' compensation case and in support thereof states the following:

1. My full name is: _____

2. Each of the boxes I have checked below is an accurate statement:

- a. I am unable to pay the filing fee(s).
- b. I ask the Commissioner for permission to proceed without prepayment of fee(s).
- c. I am filing this Application and Affidavit in good faith.
- d. I believe I am entitled to what I am asking for in this case.

3. The following number of people live in my household: _____

4. The total amount of monthly income and benefits for all members of my household is: \$ _____

5. My monthly income comes from the following salary, wages, benefits, etc.:

6. My household has the following monthly expenses:

- a. Rent or mortgage \$ _____
- b. Utilities \$ _____
- c. Phone \$ _____
- d. Food \$ _____
- e. Transportation \$ _____

7. I have \$ _____ in cash, checking, and savings.
8. An attorney did not help me prepare or fill out this application.
- The following attorney helped me prepare or fill out this Application and Affidavit:
- a. Name of Attorney: _____
- b. Attorney P.I.N. No.: _____
- c. Law Firm or Entity: _____
- d. Business Address: _____
- e. Phone Number: _____
- d. Email Address: _____

CERTIFICATE OF SERVICE

I, _____, certify that on the date of _____ I served a copy of this Application and Affidavit on the other party or the other party's attorney by U.S. Mail or hand-delivery to the following person or entity at the following address:

Name: _____

Address: _____

OATH & SIGNATURE

I, _____, certify under penalty of perjury and under the laws of the State of Iowa that I have read this Application and Affidavit and that the information I have provided in this Application and Affidavit is true and correct.

Signature of Applicant - or - Representative of Applicant(s)

Full Name: _____

Law Firm/Entity: _____

Telephone: _____

Email: _____

Mailing Address: _____



Iowa Department of **INSPECTIONS APPEALS & LICENSING**
 Division of **WORKERS' COMPENSATION**
 Application to Defer Payment of Filing Fees & Financial Affidavit
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