

THIS SPACE FOR COURT USE ONLY

Send original to the
Workers' Compensation Court and 1 copy to
All Other Parties of Record

(Please type or print)

Name of Claimant (injured employee)
Mailing Address (include City, State & Zip)
Social Security Number:
Respondent: (Employer)

PAUPER'S AFFIDAVIT

COURT CLAIM #

Sec. 1: PERSONS IN HOUSEHOLD (please name the individual(s) and mark whether they are claimed as a dependent by you.

Spouse:	Dependent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Children:	Dependent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	Dependent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	Dependent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Others	Dependent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Are you claimed as a dependent by parent or guardian?	Dependent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please explain: _____			

Sec. 2: FINANCIAL STATUS/ASSETS

C A S H	Cash on Hand:															
B A N K	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Bank Name:</th> <th style="width: 20%;">Bank Address:</th> <th style="width: 20%;">Account #</th> <th style="width: 20%;">Checking or Savings</th> <th style="width: 20%;">Amount in Account</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Bank Name:	Bank Address:	Account #	Checking or Savings	Amount in Account	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____															
_____	_____															

Name of Employer:	Address of Employer	City	State	Zip	Telephone #: ()
Earnings: Weekly	Monthly	Are you currently working?			

If Not Currently Employed, Name of Last Employer:	Address of Last Employer	City	State	Zip	Date of Last Employment
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Supplemental Income Sources (V.A. Soc. Security, Disability, Child Support etc.)	Amount	Is Amount Weekly or Monthly
_____	_____	_____

Home & Other Real Estate, please describe	Value	Balance Owed	Vehicle(s), please describe	Value	Balance Owed
_____	_____	_____	_____	_____	_____

Personal Property (furniture, appliances, etc.)	Value	Balance Owed	Litigation you or your spouse have pending for recovery of money
_____	_____	_____	Case # _____ County _____

Sec. 3: FINANCIAL STATUS/LIABILITIES

Charge or Open Accounts, please describe Owed	Balance	Name of Mortgagee/Landlord owed	Monthly Payment	If owned, amount
_____	_____	_____	_____	_____
Mortgagee Name:	Address:	City	State	Zip
Child Support Obligations	Monthly Payment	Other Debts, please describe	Monthly Amount	Balance Owed
_____	_____	_____	_____	_____

Sec. 4: OTHER

- YES NO Have you transferred or sold any assets since filing this workers' compensation claim?
- YES NO Have you retained counsel in this case or in any other pending workers' compensation claim?

Please list all other workers' compensation claims you have filed within the past 5 years

Court Claim #	Date of Award	Total Amount of Award	Of the Total Award, how much was for PPD?	TTD?	PTD?

- YES NO Do you have any friends or relatives who are able and willing to assist you paying fees and costs?
- YES NO If so, have those persons been asked to help?

If a friend or relative has given previous financial assistance in this case, but is no longer able or willing to do so, an affidavit to that effect from that person shall be attached, stating why such help is no longer available.

I further swear and affirm that I am without funds or other sources of income to pay an attorney or to pay for fees and costs associated with this case. I understand I am under a continuing obligation to keep this Court informed of any changes in my financial status and this Court may conduct another hearing to determine my indigent status at any time.

I declare under penalty of perjury that I have examined this affidavit, and all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete.

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.

Signature of Applicant

I hereby certify that a true and correct copy of this affidavit was mailed to all other parties on the _____ day of _____, _____

Name of claimant's attorney if represented:

Type or Print Name of Attorney:	OBA#	Mailing Address:
City	State	Zip
		Telephone #: ()

A Hearing on the claimant's qualification as a pauper shall be held before the assigned trial judge prior to any trial on the merits or arguments before the Three-Judge Panel.