

Versus

Number _____ District _____
Office of Workers' Compensation Administration
State of Louisiana

REQUEST FOR WAIVER OF PAYMENT OF ADVANCE COSTS
FACTS CONCERNING THE EMPLOYEE

*ALL QUESTIONS MUST BE ANSWERED COMPLETELY

1. FULL NAME: _____ HOME PHONE #: _____
(First) (Middle/Maiden) (Last)

2. ADDRESS: _____ SOCIAL SECURITY #: _____
(Street or Box)

(City, State, Zip)

3. MARITAL STATUS: Single _____ Separated _____ Widowed _____ Married _____ Divorced _____

4. FURNISH THE FOLLOWING INFORMATION IF YOU ARE PRESENTLY EMPLOYED. IF UNEMPLOYED, GIVE INFORMATION REGARDING YOUR PAST EMPLOYER:

Name of Employer: _____ Check One: Present _____ Past _____

5. WAGES: Yours Weekly \$ _____ Monthly \$ _____ Your Spouse's Weekly \$ _____ Monthly \$ _____

6. ARE YOU BUYING YOUR HOME: Yes _____ No _____ Monthly Payments \$ _____

7. DO YOU OWN OR HAVE INTEREST IN ANY OTHER LAND? Yes _____ No _____ Monthly Payment \$ _____

8. IF ANSWERS TO QUESTIONS 6 AND 7 ARE YES, STATE THE NATURE OF THE PROPERTY AND VALUE. _____

9. IF NOT PURCHASING, WHAT IS YOUR MONTHLY HOME RENTAL? \$ _____

10. HAVE YOU SIGNED ANY CONTRACT WITH ANYONE WHEREIN YOU HAVE ASSIGNED OR TRANSFERRED YOUR CLAIM TO ANYONE ELSE? Yes _____ No _____

NAME OF ATTORNEY _____ OTHER _____

11. DO YOU OWN, HAVE AN INTEREST IN OR ARE PURCHASING ANY OF THE FOLLOWING:

Automobile	Yes _____	No _____	Value _____
Motorcycle/Bicycle	Yes _____	No _____	Value _____
Boat of any kind	Yes _____	No _____	Value _____
Furniture	Yes _____	No _____	Value _____
Livestock	Yes _____	No _____	Value _____
Paintings	Yes _____	No _____	Value _____
Machinery	Yes _____	No _____	Value _____
Stamp or coin collection	Yes _____	No _____	Value _____
Stocks	Yes _____	No _____	Value _____
Bonds, Notes or T-Bills	Yes _____	No _____	Value _____
Precious metal of any kind	Yes _____	No _____	Value _____
Certificates of Deposit	Yes _____	No _____	Value _____

12. DO YOU HAVE A BANK ACCOUNT: Yes _____ No _____
IF YES, GIVE AMOUNT IN CHECKING \$ _____ SAVINGS \$ _____

13. DO YOU OWN ANY OF THE ABOVE IN SOMEONE ELSE'S NAME? YES _____ NO _____ EXPLAIN _____

14. LIST EVERY ITEM OF INCOME YOU HAVE AS WELL AS SOURCE:

15. IS ANYONE DEPENDENT UPON YOU FOR SUPPORT: YES _____ NO _____. IF YES, STATE NAME, AGE AND RELATIONSHIP TO YOU. _____.

16. LIST ALL YOUR MONTHLY LIVING EXPENSES:

Housing\$ _____ Laundry & Cleaning \$ _____ Food \$ _____ Personal/Grooming \$ _____
Housing Supplies \$ _____ Educational Exp \$ _____ Clothing \$ _____ School \$ _____
Transportation \$ _____ Lunch \$ _____ Books \$ _____ Medical/Dental\$ _____
Utilities: Electricity \$ _____ Gas \$ _____ Water \$ _____ Phone \$ _____
Insurance \$ _____ Misc \$ _____
Fixed Obligations (Finance Company, Bank Loans, etc.):

Company	Monthly Payment	Balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

17. LIST ALL OTHER DEBTS YOU HAVE:

Name of Creditor	Monthly Payment	Amount Owed
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

18. DO YOU HAVE ANY INTEREST IN A SUCCESSION WHICH MAY BE OR IS OPEN? YES _____ NO _____
NAME OF SUCCESSION _____

19. DO YOU HAVE ANY LITIGATION OF ANY KIND PENDING IN THIS OR ANY OTHER COURT? YES _____ NO _____

20. DO YOU HAVE ANY INCOME OR ASSETS WHICH ARE NOT SHOWN ABOVE? LIST IN DETAIL. _____

VERIFICATION: I HEREBY VERIFY THAT I, _____, am the person who furnished the information contained in the above form; that I have signed saying that the information contained therein is true and correct; that the information is being furnished to the Office of Workers' Compensation to authorize the Workers' Compensation Judge thereof to permit my appearance to proceed in the above captioned matter. I further understand that the answers herein are continuous and if I ever acquire any assets described herein, I may be interrogated at any stage of these proceedings to inquire into my financial condition.

EMPLOYEE'S SIGNATURE

ATTESTING WITNESS: I, _____, know _____ is the mover in the above captioned matter, and know (his/her) financial condition because (give reason you know financial condition) _____

I firmly believe that (he/she) is unable to pay costs in this cause in advance or as they accrue or to furnish security thereof.

I HAVE READ THE ABOVE VERIFICATION

PARTY ATTESTING

ORDER

Upon consideration of the foregoing request, supporting attestation and verification, it is ordered that Mover, _____, be permitted to file all pleadings/claims, appear in, and prosecute or defend in this action without advance payment of costs or as they may accrue, and without giving bond for costs.

_____ Louisiana this _____ day of _____, 20____

Workers' Compensation Judge

Revised 1/1/98