

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, <i>(party filing appeal)</i>
vs.
Appellee(s). <i>(all other parties to appeal)</i>

AWCAC Appeal No. _____
AWCB Decision No. _____
AWCB Case No. _____

FINANCIAL STATEMENT AFFIDAVIT

To apply for payment of fees and costs to be excused under 8 AAC 57.090

NOTICE: The Commission may seek verification of the information you provide. Other government agencies may have the right to obtain the information provided on this form. *Please attach another page if additional space is needed.*

I. PERSONAL INFORMATION

1. Last Name	First	Middle Initial	2. Social Security Number <i>(not mandatory; SSN may be used to identify assets)</i>
3. Residence Address			
4. Mailing Address (if different)			
5. Telephone	6. Fax	7. Email	
8a. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		8b. How Long? _____	
9a. Are you working now? <input type="checkbox"/> Yes <input type="checkbox"/> No		9b. If not, date last worked? _____	

II. LIST ALL EMPLOYERS FOR THE LAST 12 MONTHS

1a. Present or Former Employer		
1b. Address & Telephone Number of Present or Former Employer		
1c. Job Title	1d. Salary	1e. Salary Per Hour/Week/Month
From: _____	To: _____	
1f. Dates of Employment (month & year)		1g. Number of Hours Per Week
2a. Present or Former Employer		
2b. Address & Telephone Number of Present or Former Employer		
2c. Job Title	2d. Salary	2e. Salary Per Hour/Week/Month
From: _____	To: _____	
2f. Dates of Employment (month & year)		2g. Number of Hours Per Week

III. SPOUSE'S EMPLOYMENT

1.Spouse's Name	2.Spouse's Present or Past Employer	
From:	To:	
3.Spouse's Dates of Employment	4.Spouse's Salary	5.Number of Hours Per Week

IV. DEPENDENTS

<u>Name / Age / Relationship</u>	<u>Name / Age / Relationship</u>
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

V. MONTHLY EXPENSES

<u>A.Expense</u>	<u>B.Your Share of the Monthly Payment</u>	<u>C.Balance Owed</u>	<u>D.Amount Past Due</u>
1. Housing: Rent/Mortgage	_____	_____	_____
2. Utilities: Gas/Electric/Water/Garbage	_____	_____	_____
3. Telephone	_____	_____	_____
4. Food	_____	_____	_____
5. Transportation: Gas/Bus	_____	_____	_____
6. Car Payment	_____	_____	_____
7. Insurance	_____	_____	_____
8. Child/Spousal Support	_____	_____	_____
9. Loans/Credit Cards (List):			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____
10. Medical (<i>not covered by insurance</i>)	_____	_____	_____
11. Child Care	_____	_____	_____
12. IRS Back Taxes	_____	_____	_____
13. Debts (List):			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____
14. TOTALS:	_____	_____	_____

VI. INCOME INFORMATION

1. Number of Permanent Fund Dividend checks received by your immediate family within the past year: _____
 2. Your total net income (*after taxes, but before other deductions*) in the past 12 months: _____
 3. Your spouse's total net income (*after taxes, but before other deductions*) during the past 12 months: _____
 4. Any money you expect to receive in the next 6 months (*e.g. settlements, annuities*): _____
 5. Are you a seasonal employee? No Yes If yes, specify: _____
 6. Your total NET monthly income from: 7. Your spouse's total NET monthly income from:
 - a. Wages: _____
 - b. Public Assistance: _____
 - c. Unemployment: _____
 - d. Other: _____
- Explain Other: _____ Explain Other: _____

VII. FAMILY ASSETS (*things you own or are buying*)

<u>A. Family Assets</u>	<u>B. Value</u>	<u>C. Balance Owed</u>	<u>D. Commission Use ONLY</u>
1. Cash	_____	_____	_____
2. Bank Account – Checking	_____	_____	_____
3. Bank Account – Savings	_____	_____	_____
4. Securities	_____	_____	_____
5. Pension Plans/Annuities	_____	_____	_____
6. Life Insurance (<i>cash value/dividends</i>)	_____	_____	_____
7. Land, Homes, Trailers	_____	_____	_____
8. Home Furnishings	_____	_____	_____
9. TV, Stereo, VCR/DVD, Computer	_____	_____	_____
10. Vehicles	_____	_____	_____
11. Snow Machines, Boats, ATVs, Motorcycles, Airplanes	_____	_____	_____
12. Jewelry, Precious Metals/Stones	_____	_____	_____
13. Furs	_____	_____	_____
14. Collections (<i>coins, ivory, etc.</i>)	_____	_____	_____
15. Tools & Guns	_____	_____	_____
16. Sports Equipment	_____	_____	_____
17. Fishing Gear	_____	_____	_____
18. Limited Entry Permit(s)	_____	_____	_____
19. Businesses	_____	_____	_____
20. Other:	_____	_____	_____
21. TOTALS:	_____	_____	_____
22. Specify any of the above you need to earn your living and explain why:	_____		

VIII. OATH OR AFFIRMATION

DO NOT SIGN THIS AFFIDAVIT UNTIL YOUR SIGNATURE CAN BE WITNESSED BY A NOTARY PUBLIC.
NOTICE: A false statement is punishable under Alaska law.

I, _____, declare under oath, or I affirm,
(appellant's printed name)
that my Financial Statement is true and complete.

(date)

(signature of appellant OR parent of appellant under 18)

Subscribed and sworn to or affirmed before me on _____, 20____, in _____, Alaska.

(SEAL)

Notary Public

My Commission Expires: _____

IX. FINANCIAL SUMMARY (for Commission use ONLY)

1. Total family income for the past 12 months: _____
2. Total assets (equity): _____
3. Total assets (cash): _____
4. Total debts: _____
5. Total family income each month: _____
6. Total family expenses each month: _____
7. Amount behind: _____
8. Total discretionary income each month: _____
9. I recommend that this request be: Denied Approved
10. Reasons: _____

Signature of Commission Chair

Date

CERTIFICATE OF SERVICE

I certify that on _____ *(date)* this financial statement affidavit was mailed, faxed, emailed, or hand delivered to the Workers' Compensation Appeals Commission; and I certify that on this same date a complete copy of the document filed with the commission was mailed or hand delivered to the parties checked at the addresses listed below.
(attach additional pages if more addresses must be listed)

		<input type="checkbox"/> Opposing party OR party's attorney (if represented): _____ _____
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Print name of person who mailed / delivered document

(signature of person who mailed / delivered document)