CC-FORM-99

WORKERS COMPENSATION COMMISSION
1915 NORTH STILES AVENUE
OKLAHOMA CITY, OK 73105

THIS SPACE FOR COMMISSION USE ONLY

Send original to:
Workers' Compensation Commission and
1 copy to All Other Parties of Record

(Please type or print)

Full Name of Claimant: (Injured Employee)
Mailing Address: (include City, State & Zip)
Social Security Number: (LAST 4 DIGITS ONLY) XXX-XX-_____
Respondent: (Employer)

PAUPER'S AFFIDAVIT

COMMISSION FILE NO.

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

Spouse:	Dependent?	☐ YES	☐ NO
Children: _____	Dependent?	☐ YES	☐ NO
Children: _____	Dependent?	☐ YES	☐ NO
Children: _____	Dependent?	☐ YES	☐ NO

Others:	Dependent?	☐ YES	☐ NO

Are you claimed as a dependent by parent or guardian? Dependent? ☐ YES ☐ NO
If YES, please explain: _____

Sec. 2: FINANCIAL STATUS/ASSETS

CASH

Cash on Hand:

BANK

Bank Name: Bank Address: Account # : Checking or Savings: Amount in Account:_____

BONDS

Bonds & Securities—Please Describe: Value:

OTHER

All Other Possessions of Monetary Value: Please Describe (including tax refunds, notes, accounts receivable, etc.) Value

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:

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

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Please fill out the remainder of the information on the reverse side of this form.

Sec. 3: FINANCIAL STATUS/LIABILITIES

Charge or Open Accounts, please describe	Balance Owed	Name of Mortgagee/Landlord	Monthly Payment	If owned, amount owed

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:

Commission Claim #	Date of Award	Total Amount of Award	Of the Total Award, how much was for Permanent Partial Disability?	Temporary Total Disability?	Permanent Total Disability?

☐ YES ☐ NO Do you have any friends or relatives who are able and willing to help you pay 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 no longer is able or willing to do so, an affidavit to that effect from that person shall be attached, stating why the 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 the Commission informed of any changes in my financial status and the Commission 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.

I hereby certify that a true and correct copy of this AFFIDAVIT was mailed to all other parties on the date noted below.

Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment … shall be guilty of a felony."

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

Signed this _____ day of _____ , _____.

_____

Signature of Applicant

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 Administrative Law Judge before any hearing on the merits or arguments before the Commission sitting en banc.