/ersus			NumberDistrict Office of Workers' Compensation Administration State of Louisiana				
			OF PAYMEN	T OF ADVANCE COSTS EMPLOYEE			
*	QUESTIONS MUST BE ANSWERED	COMPLETELY					
ALL	GOESTIONS MOST BE ANSWERED	COMPLETELY					
1.	FULL NAME:(First) (Middle/Maiden) (Last)		HOME PHO	_ HOME PHONE #:			
	(First) (Middle	/Maiden) (Last)					
2.	ADDRESS:		SOCIAL SE	ECURITY #:			
	(Street or Box)						
	(City, State	e, Zip)	_				
3.	MARITAL STATUS: Single	Separated	Widowed	Married Divorced			
4.	FURNISH THE FOLLOWING INF REGARDING YOUR PAST EMPLO		ARE PRESEN	TLY EMPLOYED. IF UNEMPLOYED, GIVE INFORMATION			
	Name of Employer:			Check One: Present Past			
5.	WAGES: Yours Weekly \$	Monthly \$	Your Sp	ouse's Weekly \$ Monthly \$			
6.	ARE YOU BUYING YOUR HOME:	Yes No	Monthly	Payments \$			
7.	DO YOU OWN OR HAVE INTERE	ST IN ANY OTHER L	AND? Yes	No Monthly Payment \$			
В.	IF ANSWERS TO QUESTIONS 6	AND 7 ARE YES, STA	TE THE NATU	RE OF THE PROPERTY AND VALUE.			
9.	IF NOT PURCHASING, WHAT IS	YOUR MONTHLY HO	ME RENTAL?	<u> </u>			
10.	HAVE YOU SIGNED ANY CONTRANYONE ELSE? Yes		WHEREIN YO	OU HAVE ASSIGNED OR TRANSFERRED YOUR CLAIM TO			
	NAME OF ATTORNEY		OTHER	t			
11.	DO YOU OWN, HAVE AN INTERE	ST IN OR ARE PURC	HASING ANY	OF THE FOLLOWING:			
	Automobile	Yes	No	Value			
	Motorcycle/Bicycle	Yes	No	Value			
	Boat of any kind	Yes	No	Value			
	Furniture Livestock	Yes	No	Value			
	Paintings			Value Value			
	Machinery			Value			
	Stamp or coin collection	Yes	No	Value			
	Stocks	Yes	No	Value			
	Bonds, Notes or T-Bills			Value			
	Precious metal of any kind			Value			
	Certificates of Deposit	res	NO	Value			
12.	DO YOU HAVE A BANK ACCOUNT	NT: Yes	No	_			
	IF YES, GIVE AMOUNT IN CHECK	JING \$	SAVINGS \$_				

13.	DO YOU OWN ANY OF THE AR	30VE IN SOMEONE EL	SE'S NAME? YES	NO EXPLAIN					
14.	LIST EVERY ITEM OF INCOME YOU HAVE AS WELL AS SOURCE:								
15.	IS ANYONE DEPENDENT UPO TO YOU.		: YES NO		ID RELATIONSHIP				
16.	LIST ALL YOUR MONTHLY LIVING EXPENSES:								
	Housing\$ Laund Housing Supplies \$ Transportation \$	ry & Cleaning \$ Educational Exp \$_	Food \$Clothing \$	Personal/Grooming \$School \$					
	Utilities: Electricity \$ Insurance \$	Gas \$ Misc \$	Water \$	Phone \$					
			Monthly Payment \$\$\$	Balance					
17.	LIST ALL OTHER DEBTS YOU		Ψ_						
			\$	Amount Owed					
			\$\$ \$\$						
18.	DO YOU HAVE ANY INTEREST IN A SUCCESSION WHICH MAY BE OR IS OPEN? YES NO								
19.	DO YOU HAVE ANY LITIGATIO	N OF ANY KIND PEND	ING IN THIS OR ANY OTH	ER COURT? YES NO _					
20.	DO YOU HAVE ANY INCOME (OR ASSETS WHICH AR	RE NOT SHOWN ABOVE?	LIST IN DETAIL.					
perso conta to aut matte	FICATION: I HEREBY VERIFY n who furnished the informined therein is true and correlated the Workers' Competer. I further understand that the interrogated at any stagen.	nation contained in ect; that the informans nsation Judge there he answers herein a	the above form; that lation is being furnishe eof to permit my appeare ore continuous and if I	I have signed saying that Id to the Office of Workers arance to proceed in the a ever acquire any assets de	the information Compensation bove captioned				
				EMPLOYEE'S SIGN	ATURE				
ATTES	STING WITNESS: I,	ed matter, and kno	, w (his/her) financial c	know ondition because (give re	ason you know				
I firmly	cial condition) y believe that (he/she) is un	able to pay costs ir	this cause in advanc	e or as they accrue or to	furnish security				
therec	ot.		11	HAVE READ THE ABOVE V	ERIFICATION				
				PARTY ATTEST	NG				

ORDER

Upon consideration of the foregoing requesit is ordered that Mover,	, .	tation and verification,
be permitted to file all pleadings/claims, appear in, and pleadings they may accrue, and second places are they are the are the are the are they are the are they are the are the are they are they are they are the are	prosecute or defen	
Louisiana this	day of	, 20
	Workers' Co	mpensation Judge

Revised 1/1/98