

# Instructions for Completing the Application for Indigent Determination (IME)

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer’s hard drive.

When you open the form, click in the “Claimant” box (field), complete the information, and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

Use numbers only to fill in the fields for Social Security Number and dollar amounts. Do not use dashes or dollar signs; when you tab out of the field, it will fill in automatically. If a dollar amount contains cents, do type the period. To fill in a **check box**, click inside the box with your mouse. The “Additional Financial” Information and “Certificate of Mailing” fields are surrounded by a **gray border**. Type the information in the first field and tab to the next to enter more information.

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To clear all information on one page, click on the red “**Clear This Page**” button. To change the information in one field, use the backspace or delete key.

Adobe Acrobat - [WC035-IME Application for Indigent Determination.pdf]

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COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

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**APPLICATION FOR INDIGENT DETERMINATION (IME)**

**Instructions to the Claimant:** You have the right to submit an *Application for Indigent Determination (IME)* if you believe that you are unable to pay the fee(s) required to obtain a Division Independent Medical Examination. You must complete this Application and sign the affirmation on page f

Division of Administrative Hearings at 1120 Lincoln Street

**“Clear This Page” button**  
Clears all information on this page

**“Clear Entire Form” button**  
Clears all information at once

Claimant \_\_\_\_\_ W.C. number \_\_\_\_\_  
Employer \_\_\_\_\_ y number \_\_\_\_\_  
Insurance carrier \_\_\_\_\_ er \_\_\_\_\_

**“Check Box”**  
Click in box

**Household status of claimant:**

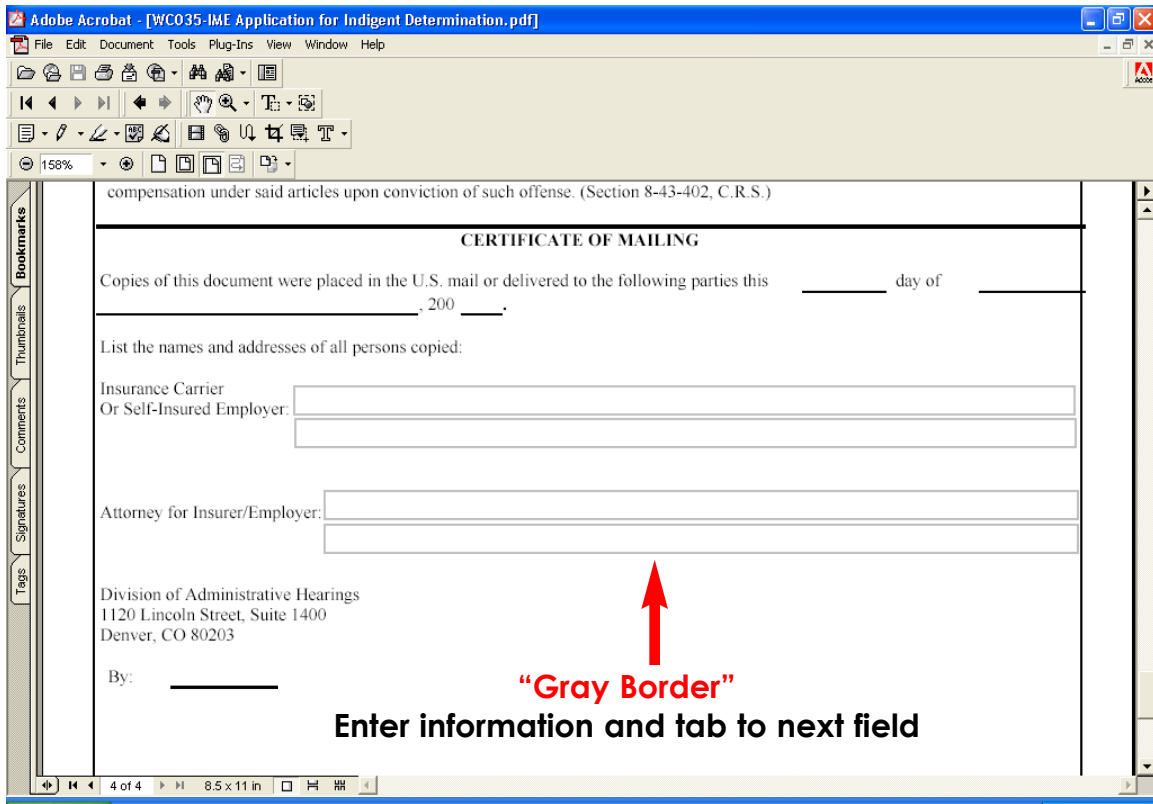
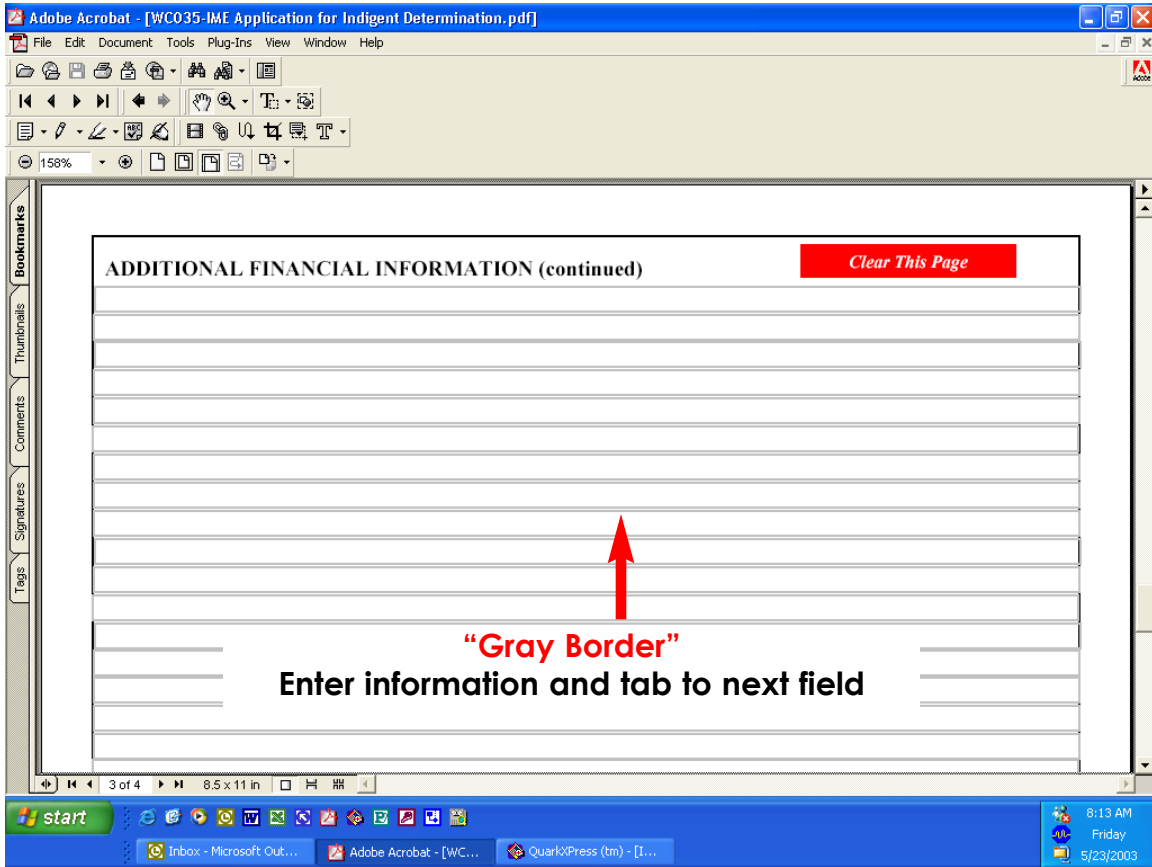
Single  Married  Spouse  Other   
Separated  Divorced  Children  Ages of children: \_\_\_\_\_  
Common Law

1 of 4 8.5 x 11 in

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Thursday  
5/22/2003



COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

**APPLICATION FOR INDIGENT DETERMINATION (IME)**

**Instructions to the Claimant:** You have the right to submit an *Application for Indigent Determination (IME)* if you believe that you are unable to pay the fee(s) required to obtain a Division Independent Medical Examination. You must complete this Application and sign the affirmation on page four. **The original Application shall be filed with the Office of Administrative Courts at 633 Seventeenth St., Suite 1300, Denver, CO 80202-3626** and a copy sent to all parties in the case.

Claimant \_\_\_\_\_ W.C. number \_\_\_\_\_  
Employer \_\_\_\_\_ Social security number \_\_\_\_\_  
Insurance carrier \_\_\_\_\_ Carrier number \_\_\_\_\_

**Household status of claimant: \***

**Number of dependents:**

Single \_\_\_\_\_ Married \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_  
Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Children \_\_\_\_\_ Ages of children: \_\_\_\_\_  
Common Law \_\_\_\_\_

**Bank accounts or other financial accounts:**

**Account balance:**

Checking \_\_\_\_\_ At \_\_\_\_\_ \$ \_\_\_\_\_  
Savings \_\_\_\_\_ At \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ At \_\_\_\_\_ \$ \_\_\_\_\_  
Amount of cash on hand \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Estimated Value of property and real estate owned:** \$ \_\_\_\_\_ **Amt. Owed:** \$ \_\_\_\_\_

**Vehicles owned:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt. Owed: \$ \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt. Owed: \$ \_\_\_\_\_

**Gross monthly income of all household members:\***

**Monthly expenses of household:\***

Earnings - claimant \$ \_\_\_\_\_ Rent/House payment \$ \_\_\_\_\_  
Earnings - spouse \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_  
Earnings - other members \$ \_\_\_\_\_ Food \$ \_\_\_\_\_  
Stock, Bonds, Investments \$ \_\_\_\_\_ Clothing \$ \_\_\_\_\_

\* Income from roommates should not be included unless the relationship between the applicant and the roommate is such that the applicant can access or use the roommate's income. It follows that if a roommate's income is not included, the applicant should list only his/her individual expenses.

**Gross monthly income of all household members (cont'd):**

List other sources of income for household members. Include income such as AFDC, unemployment, workers' compensation, public assistance, social security, retirement pension, etc

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Value of non-cash income,  
e.g., room & board in  
exchange for work performed.

\$ \_\_\_\_\_

Total household income \$ \_\_\_\_\_

**Monthly expenses of household (continued):**

Alimony/Child support \$ \_\_\_\_\_

Medical/Dental bills \$ \_\_\_\_\_

Installment payments  
(including credit cards) \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total monthly expenses: \$ \_\_\_\_\_

The following income guidelines apply when determining whether you are indigent for the purposes of this proceeding. See Workers' Compensation Rule 11-11 for more information.

Family Size	Monthly Income Guidelines*	Monthly Income Guideline plus 25%	Yearly Income Guideline*	Yearly Income Guideline plus 25%
1	\$1,128	\$1,410	\$13,538	\$16,922
2	\$1,518	\$1,897	\$18,213	\$22,766
3	\$1,907	\$2,384	\$22,888	\$28,609
4	\$2,297	\$2,871	\$27,563	\$34,453
5	\$2,686	\$3,358	\$32,238	\$40,297
6	\$3,076	\$3,845	\$36,913	\$46,141
7	\$3,466	\$4,332	\$41,588	\$51,984
8	\$3,855	\$4,819	\$46,263	\$57,828

\* For family units with more than eight members, add \$390 per month for "monthly income" or \$4,675 per year for "yearly income" for each additional family member.

**ADDITIONAL FINANCIAL INFORMATION**

In this proceeding the administrative law judge may consider additional information about your financial status that is not otherwise listed in this Application. You may describe in the space below any other circumstances affecting your current financial condition that you would like the judge to review when considering whether you are indigent and/or unable to pay for the Division IME. You may attach additional pages or documents if necessary.

**ADDITIONAL FINANCIAL INFORMATION (continued)**

**Please note:** You must send a copy of this application to the insurance company, self-insured employer or uninsured employer and all attorneys.  
**Remember to complete the reverse side of this page before filing this application.**

If further information or clarification is needed, it may be necessary for the Office of Administrative Courts to contact you. Please provide your address and phone number below:

Phone

Number

Street/PO

Box

City, State, Zip

If claimant is represented by an attorney, please provide name and address of attorney below:

Attorney name

Phone Number

Street/PO Box

Fax Number

City, State, Zip

E-mail Address

### AFFIRMATION

I certify the information contained in this application is true and correct.

\_\_\_\_\_  
Claimant Signature

If, for the purpose of obtaining any order, benefit, award, compensation, or payment under the provisions of articles 40 to 47 of [title 8], either for self-gain or for the benefit of any other person, anyone willfully makes a false statement or representation material to the claim, such person commits a class 5 felony and shall be punished as provided in Section 18-1.3-105, C. R.S., and shall forfeit all right to compensation under said articles upon conviction of such offense. (Section 8-43-402, C.R.S.)

### CERTIFICATE OF MAILING

Copies of this document were placed in the U.S. mail or delivered to the following parties this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

List the names and addresses of all persons copied:

Insurance Carrier

Or Self-Insured Employer:

Attorney for Insurer/Employer:

Office of Administrative Courts  
633 Seventeenth Street, Suite 1300  
Denver, CO 80202-3660

By: \_\_\_\_\_