

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
 DIVISION OF WORKERS' COMPENSATION
 633 17th ST., SUITE 400
 DENVER, CO 80202-3660

APPLICATION FOR INDIGENT DETERMINATION
Request For Hearing Transcript

Pursuant to C.R.S. Section 8-43-213

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: _____

Bank accounts or other financial accounts:	Account balance:
Checking ____ At _____	\$ _____
Savings ____ At _____	\$ _____
Other ____ At _____	\$ _____
Amount of cash on hand.....	\$ _____

Value of property and real estate owned: \$ _____

Vehicles owned:

Year _____	Make _____	Value \$ _____
Year _____	Make _____	Value \$ _____

Gross monthly income of <u>all</u> household members:		Monthly expenses of household:	
Earnings - claimant	\$ _____	Rent/House payment	\$ _____
Earnings - spouse	\$ _____	Utilities	\$ _____
Earnings - other members	\$ _____	Food	\$ _____
List other sources of income for household members. Include income such as AFDC, unemployment, welfare, social security, retirement pension, etc.:		Clothing	\$ _____
		Alimony/Child support	\$ _____
		Medical bills	\$ _____
		Installment payments	\$ _____
	\$ _____	Other	\$ _____
	\$ _____		
Total household income:	\$ _____	Total monthly expenses:	\$ _____

If further information or clarification is needed, it may be necessary for the Division of Workers= Compensation to contact the claimant, in writing. Please provide the claimant's current address below:

Street/PO Box

City, State, Zip

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

Attorney name

Street/PO Box

City, State, Zip

Please note: A copy of this application will be sent to the insurance company, self-insured employer or uninsured employer and all attorneys. The Director, in considering this request, may use a standard of indigency accepted by the courts of the State of Colorado as an initial guideline. Please see the Supreme Court Directive on the subject of indigency and court-appointed attorneys. A dispute between the parties regarding this application may be referred for hearing before an Administrative Law Judge.

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

Claimant signature

State of Colorado
County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Notary public

SEAL

Address

My commission expires

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 18-1-105, 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.)