BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

_____, Claimant(s), vs. _____, Employer, _____, Insurance Carrier, _____, Defendant(s).	No(s).: _____ _____ **Application to Defer Payment of Filing Fees & Financial Affidavit**

REQUEST

The undersigned hereby applies to the Iowa Workers' Compensation Commissioner to defer payment of filing fee(s) in my workers' compensation case and in support thereof states the following:

1. My full name is: _____
2. Each of the boxes I have checked below is an accurate statement:
   - ☐ a. I am unable to pay the filing fee(s).
   - ☐ b. I ask the Commissioner for permission to proceed without prepayment of fee(s).
   - ☐ c. I am filing this Application and Affidavit in good faith.
   - ☐ d. I believe I am entitled to what I am asking for in this case.
3. The following number of people live in my household: _____
4. The total amount of monthly income and benefits for all members of my household is: $ _____
5. My monthly income comes from the following salary, wages, benefits, etc.:

   _____

   _____

   _____

   _____

   _____

6. My household has the following monthly expenses:
   - a. Rent or mortgage $ _____
   - b. Utilities $ _____
   - c. Phone $ _____
   - d. Food $ _____
   - e. Transportation $ _____

7. I have $ _____ in cash, checking, and savings.

8. ☐ An attorney did not help me prepare or fill out this application.

   ☐ The following attorney helped me prepare or fill out this Application and Affidavit:

   a. Name of Attorney: _____

   b. Attorney P.I.N. No.: _____

   c. Law Firm or Entity: _____

   d. Business Address: _____

   e. Phone Number: _____

   d. Email Address: _____

CERTIFICATE OF SERVICE

I, _____, certify that on the date of _____ I served a copy of this Application and Affidavit on the other party or the other party's attorney by U.S. Mail or hand-delivery to the following person or entity at the following address:

Name: _____

Address: _____

_____

OATH & SIGNATURE

I, _____, certify under penalty of perjury and under the laws of the State of Iowa that I have read this Application and Affidavit and that the information I have provided in this Application and Affidavit is true and correct.

Signature of Applicant – *or* – Representative of Applicant(s)

Full Name: _____

Law Firm/Entity: _____

Telephone: _____

Email: _____

Mailing Address: _____

_____

_____