



DIA Board #
 (If Known):

**AFFIDAVIT IN SUPPORT OF EMPLOYEE'S
 REQUEST FOR SPEEDY CONFERENCE BECAUSE
 OF HARDSHIP**

1. INFORMATION ON EMPLOYEE'S CLAIM

Employee's Name: _____ Social Security #*: _____
 Employee's Address: _____ Employee's Telephone #: _____

 DIA Board #: _____ DIA Region: _____
 Date of Injury: _____ Employer: _____
 Workers' Comp. Insurer: _____

2. INFORMATION ON EMPLOYEE'S HOUSEHOLD

A. Names and ages of minor children living with you:

1. _____; 2. _____; 3. _____;
 4. _____; 5. _____; 6. _____;

B. Names of persons over 18 who live with you and who are currently financially dependent on you;

1. _____; 2. _____; 3. _____;

C. Check all applicable boxes - *I live with my*: Spouse Parents Other _____

3. CURRENT GROSS WEEKLY INCOME FROM ALL SOURCES:

	You	Spouse	Other Source
A. Workers' Compensation	\$ _____	\$ _____	\$ _____
B. Unemployment Insurance	\$ _____	\$ _____	\$ _____
C. Private Disability Insurance	\$ _____	\$ _____	\$ _____
D. Public Assistance (Welfare, AFDC Payments etc.)	\$ _____	\$ _____	\$ _____
E. Food Stamps (Gross Value of Weekly Allotment)	\$ _____	\$ _____	\$ _____
F. Social Security	\$ _____	\$ _____	\$ _____
G. Dividends	\$ _____	\$ _____	\$ _____
H. Income from Trusts and Annuities	\$ _____	\$ _____	\$ _____
I. Pensions and Retirement Funds	\$ _____	\$ _____	\$ _____
J. Alimony and/or Child Support	\$ _____	\$ _____	\$ _____
K. Contribution/Income from other sources	\$ _____	\$ _____	\$ _____
L. All other income not set forth above	\$ _____	\$ _____	\$ _____
M. TOTAL GROSS WEEKLY INCOME (add A thru L)	\$ _____	\$ _____	\$ _____

*Disclosing Social Security Number is voluntary. It will assist in the processing of your request.

4. CURRENT WEEKLY EXPENSES:

- A. Rent or Mortgage (Principal, Interest & Taxes) \$ _____
- B. Home Owner's or Tenant's Insurance \$ _____
- C. Maintenance and Repair of Dwelling \$ _____
- D. Heat \$ _____
- E. Electricity \$ _____
- F. Telephone \$ _____
- G. Water/Sewer \$ _____
- H. Food \$ _____
- I. Clothing \$ _____
- J. Life and Health Insurance Premiums \$ _____
- K. Court Judgment on which you pay regular amount \$ _____
- L. Auto Insurance \$ _____
- M. Auto Payment \$ _____
- N. Child Care \$ _____
- O. Credit Cards \$ _____
- P. Other (explain) _____ \$ _____

TOTAL WEEKLY EXPENSES \$ _____

5. PERSONAL PROPERTY/LIQUID ASSETS

- A. IRA, Keogh \$ _____
- B. Stocks, Bonds \$ _____
- C. Life Insurance: Present Cash Value \$ _____
- D. Savings & Checking Accounts, Money Markets, CD's \$ _____
- E. Automobiles
 - 1. Fair Market Value \$ _____ - Loan \$ _____ = Equity \$ _____
 - 2. Fair Market Value \$ _____ - Loan \$ _____ = Equity \$ _____
- F. Other Personal Property \$ _____

TOTAL PERSONAL PROPERTY/LIQUID ASSETS \$ _____

I HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

Signed: _____

Date (mm/dd/yyyy): _____