



Minnesota Department of Labor and Industry
 Workers' Compensation Division
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-5032 or 1-800-342-5354
 Fax: 651-284-5731

Affidavit of Significant Financial Hardship

PRINT IN INK or TYPE
 ENTER DATES in MM/DD/YYYY FORMAT



DO NOT USE THIS SPACE

WID or SSN	DATE(S) OF CLAIMED INJURY
EMPLOYEE	
VS.	
EMPLOYER(S)	
AND	
INSURER(S)	
AND	

An employee may file a request that his/her workers' compensation claim be considered by a judge on an expedited basis (as quickly as possible). Such requests are infrequently granted and then only upon a showing of SIGNIFICANT hardship. The request must include a sworn affidavit attesting to the facts that establish financial hardship above and beyond that imposed by other workers' compensation cases.

Private or confidential data you supply on this form, and in communications or proceedings that occur because you file this form, will be used to process and resolve your workers' compensation dispute. The data will be used by department of labor and industry (department) staff who have authorized access to the data, and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the office of administrative hearings; the workers' compensation court of appeals; the departments of revenue and health; and the workers' compensation reinsurance association.

The employee above named, for his/her request for an expedited hearing, alleges the following facts:

- That he/she is presently: Unemployed Employed and the present income is _____ per month (include all sources).
- That employee presently owes the following debts: (list each debt separately)

Owed To	Amount

- That employee's living expenses are (itemize each expense separately):

Living Expense	Amount	Weekly	Monthly	Living Expense	Amount	Weekly	Monthly
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

4. That employee claims the following dependents: (attach additional sheet if necessary)

Name	Age	Relationship

5. That there is is not spousal or other family income, other periodic benefit, or insurance payments. List the source and amount of such income.

Income Source	Amount	Weekly	Monthly
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

6. That should this request not be granted, foreclosure of homestead property, eviction, or repossession of necessary personal property is imminent. Describe.

7. That the following exceptional circumstances exist and should be considered in the granting of this request:

WHEREFORE, employee petitions for an expedited hearing as provided for by the Workers' Compensation Act.

If an interpreter is requested for a hearing or conference, specify the language/dialect: _____

If a reasonable accommodation of disability is requested for a hearing or conference, describe: _____

STATE OF MINNESOTA }
 COUNTY OF _____ } ss.

**AFFIDAVIT OF SIGNIFICANT
 FINANCIAL HARDSHIP**

I, _____, being first duly sworn, depose and state that the above information is a truthful representation of my financial status as of this _____ day of _____.

Subscribed and sworn to before me
 this _____ day of _____
 Notary Public _____
 My Commission expires _____

 Signature

INSTRUCTIONS

1. When completing the Affidavit of Significant Financial Hardship, make certain to sign it in the presence of a notary public.
2. Attach this form to a completed Employee's Claim Petition or Claim Petition for Dependency Benefits or Payment to Estate.

This material can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354/Voice or TDD (651) 297-4198.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.