

**FORM PT-01****Petition for Penalty on Late Payments [A.S.C.A. §32.0663]**

Instructions: If the employer or carrier fails to make compensation payments within the date specified under A.S.C.A. §32.0660, the employee or awardee may file a petition with the Commissioner to apply and add the penalties onto the unpaid compensation award.

<b>1. Name of Person Filing Petition:</b>		<b>2. Social Security No.:</b>	
<b>3. Specify Benefit Awarded:</b>  <input type="checkbox"/> Death Benefits <input type="checkbox"/> Temporary Wage-Loss <input type="checkbox"/> Temporary Loss in Wage Earning <input type="checkbox"/> Permanent Partial Disability <input type="checkbox"/> Permanent Total Disability <input type="checkbox"/> Disfigurement	<b>4. Specify Payment Installment:</b> <input type="checkbox"/> Weekly   <input type="checkbox"/> Bi-weekly   <input type="checkbox"/> Monthly   <input type="checkbox"/> Annual		
	<b>5. Total Payment Issued:</b>		<b>6. Total Number of Payments Missing:</b>
	<b>7. Name of Employer:</b>		
	<b>8. Name of Employer's Workmen's Compensation Insurance Carrier:</b>		
<b>9. Contact Information:</b>  <u>Mailing Address:</u>		Telephone   Mobile No.:	
		Valid Email Address (if any):	
<u>Documentations Required for Submission with Form:</u>  1. Copy of settlement agreement signed by both parties;  2. Check stub of installment payment currently receiving; and  3. A valid photo ID (e.g.; driver's license, passport, voter's ID, or State ID).		<b>10. Authorization:</b>  X _____ Authorized Signature  _____ Date	

**FORM DISTRIBUTION:**

Original – Carrier | Copy – Commissioner | Copy – Employer