


Petition for Supplementary Order on Payment Default

Instructions: In pursuant to A.S.C.A. §32.0674, a compensation payment is considered default if not paid by the employer or carrier within a period of 30-days after such compensation is due. In making an application to the Commissioner for a supplementary order declaring a payment default, the employee must file this petition form with the Commissioner within one year after such default. Upon filing, the Commissioner has 45-days to investigate, notify, hear, and for the Commissioner to make a supplementary order declaring the amount in default which shall be filed as a compensation order.

1. Date of this Notice:	2. Case No.:		
3. Name of Employee (First, Middle, Last):		4. Name of Employer	5. Name of Carrier / Self-Insurer Employer:
6. Specify Benefit(s) Receiving Compensation declared for Payment Default: <input type="checkbox"/> Temporary Wages / Earnings <input type="checkbox"/> Permanent Impairment <input type="checkbox"/> Medical Benefit / Reimbursement <input type="checkbox"/> Death Benefits <input type="checkbox"/> Others (specify): _____		7. Is the payment in default a one-time payment only or an installment payment? <input type="checkbox"/> One-time Payment <input type="checkbox"/> Installment Payment (specify how often payment is received): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
8. Specify name of employee and all persons or dependents whose payment is under default and the total payment amount declared default:			
Name Employee / Dependents	Payment Due Date (Mon. / Day / Yr.)	Total Days (Payment Past Due)	Total Payment Amount
9. Name of Person Signing this Form:		10. Indicate which person is signing this notice: <input type="checkbox"/> Employee <input type="checkbox"/> Dependent of the Employee <input type="checkbox"/> Petitioner / Attorney on behalf of Employee	
11. Authorization: <i>I hereby verify and acknowledge as the Employee, Dependent, Petitioner or the representing Attorney on behalf of the employee or dependent, stated herein filing this form before the Commissioner of a supplementary order to declare a default payment by the employer or carrier for collection. I acknowledge that the Commissioner shall have 45-days to investigate, issue notice, and conduct hearings upon filing this form and to make a supplementary order once deliberations are concluded. I duly affirmed that all the information, records, and documentations disclosed within and provided together with this form are both true and not fraudulent.</i> _____ X Authorized Signature			

FILED
*** AUTHORIZED OWCC PERSONNEL ONLY ***



FORM DISTRIBUTION:

- Original – Commission
- Copy – Employee