FORM PY-01

Petition for Supplementary Order on Payment Default

Instructions: Pursuant to A.S.C.A. §32.0674, a compensation payment is considered a default if not paid by the employer or carrier within a period of 30-days after such compensation is due. To file a petition before the Commissioner for a supplementary order to declare a 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:

☐ Temporary Wages / Earnings
☐ Permanent Impairment
☐ Medical Benefit / Reimbursement
☐ Death Benefits
☐ Others (specify):

7. Is the payment in default a one-time payment only or an installment payment?

☐ One-time Payment
☐ Installment Payment (specify how often payment is received):
☐ Weekly
☐ Bi-weekly
☐ Monthly
☐ Annually

8. Specify all persons or dependents (including the employee) whose payment(s) are under default:

Name Employee / Dependents	Payment Due Date (Mon. / Day / Yr.)	Total Days (Payment Past Due)	Total Payment Amount

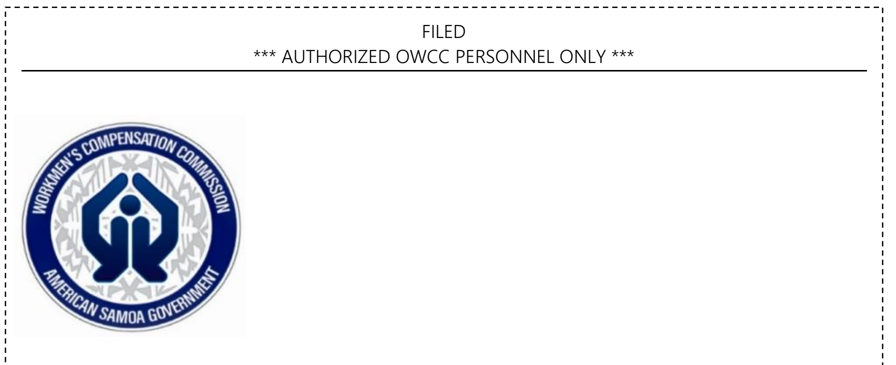
9. Name of Person Signing this Form:	10. Indicate which person is signing this notice: ☐ Employee | ☐ Dependent of the Employee | ☐ Petitioner / Attorney on behalf of Employee

11. Authorization:

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.

X____.
Authorized Signature

FILED
*** AUTHORIZED OWCC PERSONNEL ONLY ***



FORM DISTRIBUTION:

- Original – Commission
- Copy – Employee / Beneficiary