



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	\$ _____	\$ _____	\$ _____
<b>M. TOTAL GROSS WEEKLY INCOME (add A thru L)</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

\*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) _____	\$ _____
<b>TOTAL WEEKLY EXPENSES</b>	<b>\$ _____</b>

**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	\$ _____
<b>TOTAL PERSONAL PROPERTY/LIQUID ASSETS</b>	<b>\$ _____</b>

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

Signed: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_