



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF RISK MANAGEMENT



Jed Ross
Chief Risk Officer

Public Sector Workers'
Compensation Program

Form 13-F FINANCIAL STATEMENT

READ INSTRUCTIONS HERE AND ON THE REVERSE SIDE

Complete and attach this form to Form 13, if you are requesting a waiver of the adjustment or recovery because it will result in severe financial hardship. You must include all supporting documents for expenses itemized below (i.e. receipts, statements, invoice, etc). **This form must be submitted at the same time you submit Form 13.**

CLAIMANT INFORMATION

Claimant's Name: _____

Claimant's Telephone: _____

Claimant's Full Address (with unit number, zip code):

Claimant's E-mail: _____

Claim Number: _____

Date of Injury _____

FINANCIAL HARDSHIP EXPENSES, LIABILITIES, ASSETS, AND INCOME CERTIFICATION

1.	Total Monthly Expenses and Liabilities	\$
Provide the total monthly amount of your expenses and liabilities. You must add all of the expense(s) below and liability amounts and type or print the total in the space provided at line 1. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide amount and evidence of monthly payments, where possible. If it is not possible to provide evidence, provide an explanation. Use additional paper if necessary.		
☐	Rent and/or Mortgage	\$
☐	Food	\$
☐	Utilities	\$
☐	Total Child or Elder Care / Child Support / Alimony	\$
	Total No. of Dependents: _____	Name: _____ Age: _____
	Name: _____ Age: _____	Name: _____ Age: _____
	Name: _____ Age: _____	Name: _____ Age: _____
☐	Insurance	\$
☐	Loans and/or Credit Cards	\$
☐	Car Payment	\$
☐	Commuting Costs	\$
☐	Medical Expenses	\$
☐	School Expenses	\$
☐	Other:	\$

➔ ➔ **TURN OVER TO CONTINUE** ➔ ➔

2.	Total Assets	\$		
	Type or print "0," if there are none. Select the types of assets you (and your spouse) have and provide amount and evidence, where possible. If it is not possible to provide evidence, provide an explanation. Use additional paper if necessary.			
☐	Cash on Hand and in Banks	\$		
☐	U.S. Government Securities (not in retirement account)	\$		
☐	Other Securities (not in retirement account)	\$		
☐	Other Assets Readily Convertible to Cash (<i>Itemize</i>)			
☐		\$		
☐		\$		
☐	Total Liquid Assets	\$		
☐	Retirement Accounts (IRA, 401k, etc.)	\$		
☐	Real Estate Owned	\$		
☐	Personal Property	\$		
☐	Other Assets	\$		
3.	Total Annual Income	\$		
	Type or print "0," if there are none. Select the types of income you (and your spouse) have and provide total amount and evidence (i.e. income tax returns, W-2, etc), where possible. If it is not possible to provide evidence, provide an explanation. Use additional paper if necessary.		Self	Spouse
☐	Indemnity benefits	\$	☐	☐
☐	Retirement /Pension	\$	☐	☐
☐	Salary, bonuses, and commissions	\$	☐	☐
☐	Dividends	\$	☐	☐
☐	Real Estate Income	\$	☐	☐
☐	Other Income	\$	☐	☐
☐	Owner, Partner or Officer in any other venture/business?	\$	☐	☐
☐	☐ NO ☐ YES, <i>explain:</i>			
WARNING: It is a crime to provide false or misleading information to the District of Columbia Government, or to any department or agency thereof, regarding any claim upon or against the District of Columbia, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent. Such an act is punishable by civil and criminal penalties, including imprisonment, fines, and costs of up to \$100,000 or more.				
I have read this Form and I swear or affirm that the contents are true and accurate to the best of my knowledge.				
Print Name		Signature		Date

WHERE TO FILE: Return this form to **ORM/PSWCP by mail, in person, e-mail, or fax.** You may return the form in person, weekdays between 8:30 a.m. and 5:00 p.m. You will need photo identification to enter the building:

Office of Risk Management
One Judiciary Square
441 Fourth Street, NW, Suite 800 South
Washington, D.C. 20001
Phone: (202) 442-HELP (4357)
E-mail: wcsecure@dc.gov
Fax: (202) 535-1130

This form must be received by ORM no later than the 30th day after the Date of the Notice of Preliminary Determination of Overpayment. If this form is forwarded by mail, there is no guarantee that it will be received by ORM within 30 days.