



**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 Full Address (with unit number, zip code):

Claimant's Telephone: _____
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.		
<input type="checkbox"/>	Rent and/or Mortgage	\$
<input type="checkbox"/>	Food	\$
<input type="checkbox"/>	Utilities	\$
<input type="checkbox"/>	Total Child or Elder Care / Child Support / Alimony	\$
	Total No. of Dependents: _____	Name: _____ Age: _____
	Name: _____ Age: _____	Name: _____ Age: _____
	Name: _____ Age: _____	Name: _____ Age: _____
<input type="checkbox"/>	Insurance	\$
<input type="checkbox"/>	Loans and/or Credit Cards	\$
<input type="checkbox"/>	Car Payment	\$
<input type="checkbox"/>	Commuting Costs	\$
<input type="checkbox"/>	Medical Expenses	\$
<input type="checkbox"/>	School Expenses	\$
<input type="checkbox"/>	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.					
<input type="checkbox"/>	Cash on Hand and in Banks	\$			
<input type="checkbox"/>	U.S. Government Securities (not in retirement account)	\$			
<input type="checkbox"/>	Other Securities (not in retirement account)	\$			
<input type="checkbox"/>	Other Assets Readily Convertible to Cash (<i>Itemize</i>)				
<input type="checkbox"/>		\$			
<input type="checkbox"/>		\$			
<input type="checkbox"/>	Total Liquid Assets	\$			
<input type="checkbox"/>	Retirement Accounts (IRA, 401k, etc.)	\$			
<input type="checkbox"/>	Real Estate Owned	\$			
<input type="checkbox"/>	Personal Property	\$			
<input type="checkbox"/>	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
<input type="checkbox"/>	Indemnity benefits	\$	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Retirement /Pension	\$	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Salary, bonuses, and commissions	\$	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Dividends	\$	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Real Estate Income	\$	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other Income	\$	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Owner, Partner or Officer in any other venture/business?	\$	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> 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) 727-8600
E-mail: dcclaims@corvel.com
Fax: (866) 539-9712

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.