

IN THE NEBRASKA WORKERS' COMPENSATION COURT

Docket: _____ Page: _____

_____)
_____)
[employee name],
Plaintiff,
VS.
_____)
_____)
[name of employer or name of employer and insurance company],
Defendant(s).
_____)

AFFIDAVIT AND APPLICATION TO PROCEED WITHOUT PAYMENT OF COSTS

STATE OF NEBRASKA
COUNTY OF _____
[county where signed]
SS:

The undersigned, being first duly sworn on oath, deposes and says that:

- 1. I am a claimant for workers' compensation. The trial judge in my case issued a decision in my case, and I now wish to appeal that decision to the Nebraska Court of Appeals.
2. I am without means to pay for the costs of the appeal.
3. I am presently (check only one):

employed and earning approximately \$ _____ per month. I am employed by _____.

My employer's address is _____.

unemployed. My last employment date was _____. In that employment, I earned approximately \$ _____ per month.

- 4. I have received income from the following sources in the past 12 months (check all that apply):

Income from a business, profession, or other self-employment. The amount of income I received in the past 12 months from this income source was approximately \$ _____. The work that I performed was _____.

Income from rent payments. The amount of income I received in the past 12 months from this income source was approximately \$ _____. I have _____ rental properties.

Income from interest or dividends. The amount of income I received in the past 12 months from this income source was approximately \$ _____. The interest and/or dividend income was from _____.

Income from other sources. The amount of income I received in the past 12 months from other income sources was approximately \$ _____. The other income was from _____.

- 5. My assets are as follows (check all that apply):

I have cash in the amount of \$ _____.

I have a checking account(s) with a balance of \$ _____.

NOTE: Affidavit is continued on the other side. Additional documentation pertaining to this affidavit may be attached.

I have a savings account(s) with a balance of \$ _____.
[balance of savings account(s)]

I own real estate with an approximate value of \$ _____. This property is _____.
[value of real estate] [describe the real estate property]

I own a vehicle(s) with an approximate value of \$ _____. The vehicle(s) is _____.
[value of vehicle(s)] [describe the vehicle, including type of vehicle, make, model, year]

I own other valuable property with an approximate value of \$ _____. This property is _____.
[value of other valuable property] [list the items of valuable property]

6. The following people are dependent upon me for support (list dependents and relationship):

Name of Person	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. My monthly expenses are (list expenses, such as rent or house payment, and the approximate amount of each expense):

Type of Expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. I have additional financial circumstances that I would like the court to consider as part of my request:

[list any additional financial issues]

I have attached additional information or documentation in support of my request.

Therefore, pursuant to Neb. Rev. Stat. §48-182, I am requesting permission to proceed without prepayment of fees and costs or security.

I hereby swear, or affirm, under penalty of perjury, that the foregoing affidavit is true.

[sign your name]

[print your street address]

[print your telephone number]

[print your full name]

[print your city, state & zip code]

NOTE: See other side of this form for instructions.

Please keep the court informed if you change your address or phone number.

SUBSCRIBED AND SWORN on oath before me on this _____ day of _____, 20_____.
[day] [month] [year]

Notary Public

AFFIDAVIT AND APPLICATION TO PROCEED WITHOUT PAYMENT OF COSTS INSTRUCTIONS

These instructions and forms are a product of the Nebraska Workers' Compensation Court and are provided as a public service. THE NEBRASKA WORKERS' COMPENSATION COURT DOES NOT REPRESENT THAT THESE INSTRUCTIONS AND FORMS WILL BE APPROPRIATE IN EVERY CASE. CASE-SPECIFIC QUESTIONS SHOULD BE DIRECTED TO A LAWYER. COURT PERSONNEL MAY NOT COMPLETE THE FORMS FOR YOU.

In order to appeal a case, the appellant (party making the appeal) must pay for the costs of the appeal, including the cost to prepare the Transcript, Bill of Exceptions, and other costs or fees.

If a workers' compensation claimant appeals but cannot afford the appeal costs, Nebraska law allows the claimant to ask the court to order that the appeal costs be paid by the Nebraska Workers' Compensation Court. In order to request that the costs be waived, an affidavit (a paper **signed under oath and before a notary public**) must be filed with the court to show why you are unable to pay the costs.

The Affidavit and Application to Proceed without Payment of Costs should be filed with the Notice of Appeal. You must provide the financial information in the affidavit so the judge has enough information to make a decision. The judge will look at the information that you provide in the affidavit and will decide whether or not to grant your request.

If the request is granted, the judge will sign an order approving the request, and you will not have to pay appeal costs. If the request is denied, the judge will sign an order denying the request and you will be responsible for paying the appeal costs.

General questions regarding this process may be directed to the court's information line at **800-599-5155** or **402-471-6468** or you may contact the court by e-mail from our web site (<http://www.wcc.ne.gov>). Case-specific inquiries should be directed to a lawyer, as the Nebraska Workers' Compensation Court cannot provide legal advice.

HEADING

Enter the same heading as it appears on other previously-filed documents in your case. If you are unsure of the heading information, you may contact the clerk's office to obtain the information.

BODY OF THE AFFIDAVIT

Paragraph 3: Indicate whether you are currently employed or not by checking the appropriate box. Enter your employment information (either current or from your most recent employment) in the blanks provided.

Paragraph 4: Check the box next to any other sources of income you have received in the past year, provide the amount of income received, and describe the source of the income.

- Business, professional, or self-employment — provide information on income you may have received from operating your own business or working in a profession or other form of self-employment. Enter the amount of income you received from this source in the past 12 months and provide a description of the type of business, profession, or self employment (for example, operating a restaurant, painting houses, etc.).
- Rent — provide information on income you have received from rental properties you own, including the amount of income you received in the past 12 months and how many rental properties you own.
- Interest or dividends — provide information on income you have received as interest or dividends, including the amount of income you received in the past 12 months and the source of the interest or dividends.
- Other income — if you have income from other sources, indicate the amount of income you have received from those sources and describe the sources of income.

Paragraph 5: Check the box next to any assets you own or possess, provide the approximate value of those assets, and describe the asset. You do not need to include ordinary home furnishings and clothing.

Paragraph 6: List any people who are dependent on you for support (for example, a spouse or child).

Paragraph 7: List your approximate monthly expenses and the amount of each expense (for example, rent, electric bills, etc.).

Paragraph 8: If you have any additional information that you believe is relevant to the court's decision on whether or not to allow you to proceed without payment of the appeal costs, please provide that information in this paragraph. If there is not enough room for the additional information, you may attach a separate sheet of paper. If you attach any documents in support of your request, check the appropriate box.

SIGNATURE, ADDRESS, AND TELEPHONE

- **DO NOT sign your name until you are before a notary public.**
- Sign your name in the space provided, when you are before a notary public.
- Print your full name in the space provided.
- Print your address in the space provided.
- Print your telephone number in the space provided.
- The notary public will fill out the date at the end of the Affidavit and Application to Proceed without Payment of Costs and will sign his or her name in the last blank.

NOTE: If your address or phone number changes, contact the clerk's office to ensure that you will continue receiving important notifications about your case.

Once you have completed the form, make a copy for your records. Send the original form to the court along with the original Notice of Appeal, Praecipe for Transcript, and Request for Bill of Exceptions. The original Affidavit and Application to Proceed without Payment of Costs is for the court file. You may mail, fax, or hand-deliver the original form to the court.

Mail to: Nebraska Workers' Compensation Court P.O. Box 98908 Lincoln NE 68509-8908	Fax to: 402-471-8231	Hand-deliver (or deliver by FedEx, UPS, etc.) to: Nebraska Workers' Compensation Court 1010 Lincoln Mall, Suite 100 Lincoln NE 68508
--	--------------------------------	--