

STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

_____, WCA No.: _____
Worker,
v. _____, and
_____,
Employer/Insurer.

PETITION FOR PARTIAL LUMP SUM PAYMENT FOR DEBTS

This form should be used for a partial lump sum advance for payment of debts accumulated during the course of the disability pursuant to §52-5-12 (C). Attach documentation indicating the date debt was incurred, name, address and phone number of the creditor, payment amount currently due and total balance.

1. Type of injury: ___ Occupational Injury ___ Occupational Disease
2. Worker's Full Name: _____
Mailing Address: _____
City/State/Zip: _____
Telephone No.: (____) _____
3. Worker's date of birth: ____/____/____ Age: ____ Sex: ___M ___F
4. Worker's Social Security Number: _____-_____-_____
5. Full Name of Employer: _____
Employer's Address: _____
City/State/Zip: _____
Telephone No.: (____) _____
6. Insurance Carrier: _____
Address: _____
City/State/Zip: _____
Telephone No.: (____) _____
7. Date of Accident: _____
 - a. City and County of accident: _____
 - b. Worker's job at time of accident: _____
 - c. Worker's wages at time of accident: \$ ____ hour \$ ____ bi-weekly \$ ____ month \$ ____ year
 - d. How did the accident occur: _____
 - e. Part(s) of the body injured: _____
 - f. Type of injury/diagnosis: _____
 - g. Name and address of treating Doctor(s): _____
 - h. First date Worker was unable to perform job duties: _____
 - i. Date of maximum medical improvement: _____
 - j. Impairment rating: _____ Doctor's Name: _____
 - k. Has Worker been released to work by a Doctor? ___ Yes ___ No
If yes, indicate the date Worker was released to work: _____
 - l. Has Worker returned to work since the accident? ___ Yes ___ No
If yes, indicate the date Worker returned to work: _____
 - m. Name and address of current Employer: _____
 - n. Highest level of school completed by Worker: _____
8.
 - a. Average weekly wage: _____
 - b. Weekly compensation rate: _____
 - c. Disability rating, if known: _____
9. This form should be used for approval of a partial lump sum advance for debts as follows:
 - a. A lump sum advance of weekly compensation benefits in the amount of: _____.

- b. The lump sum advance of weekly compensation benefits is a portion of remaining weekly payments. If a partial lump sum is approved, as of the ____ day of ____, 20____, the Worker will have _____ weeks of weekly compensation benefits remaining.
 - c. Medical benefits shall not be affected by the terms of this lump sum advance for debts.
 - d. The parties are seeking an award or approval of attorney fees in the amount of \$_____, including gross receipts tax.
 - e. Other: _____
10. Is an interpreter needed for the hearings on this petition? ___Yes ___No.
If yes, what language? _____ Worker will not be responsible for cost.

IF THE VERIFICATION IS NOT SIGNED BY THE WORKER, THE PETITION WILL NOT BE ACCEPTED FOR FILING BY THE WCA CLERK OF THE COURT.

VERIFICATION OF THE WORKER

I, _____, Worker, verify I have read this petition for partial lump sum payment for debts. In accordance with NMRA 1-011(B) I swear and affirm under penalty of perjury under the laws of the State of New Mexico that this petition is true and correct and that I understand the terms and conditions of the lump sum settlement payment. I understand approval of this petition will affect my future entitlement to workers' compensation benefits. I hereby certify that I have incurred debts in the amount of \$_____ during the period of disability.

Date

Worker's signature

Signature of Worker's Attorney (if any)

Name

Address

City, State, Zip

Telephone & Fax Number

E-mail address (optional)

A Summons for each adverse party shall be filed with the petition if one has not been previously filed. If you have questions, please call the Ombudsman Hotline at 505-841-6894 or 1-866-967-5667.

A HEARING BEFORE AND APPROVAL BY A WORKERS' COMPENSATION JUDGE IS REQUIRED BEFORE THE LUMP SUM AGREEMENT CAN BECOME EFFECTIVE. A REQUEST FOR SETTING AND SELF-ADDRESSED STAMPED ENVELOPES FOR ALL PARTIES ENTITLED TO NOTICE MUST BE SUBMITTED WITH THIS PETITION OR IT WILL NOT BE ACCEPTED FOR FILING BY THE WCA CLERK OF THE COURT.