DIVISION OF WORKERS' COMPENSATION
MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
TORT VICTIMS' COMPENSATION
P.O. Box 58
Jefferson City, MO 65102-0058
573-751-4231
labor.mo.gov/DWC

QUESTIONS AND AFFIDAVIT FOR CLAIMANT REGARDING LOST INCOME – AFFIDAVIT FORM B

File No: _____

Claimant's Name: _____

(Please type or print your answers. You may use additional sheets if necessary.)

I, _____, as part of my claim against the Missouri Tort Victims'
(name of undersigned claimant)
Compensation Fund, hereby answer the following questions truly, accurately and completely.

1. Are you claiming a past loss of wages, salary, or income from one or more employers (not including self-employment, employment as an independent contractor, or from a business or venture in which you have an ownership interest)? ☐ Yes ☐ No If "Yes," for each employer, state:

    a. Name, address and telephone number of employer;

    b. Inclusive dates of income loss;

    c. Medical and/or other reasons for inability to work; and

    d. Amount of wages, salary or income lost, and how calculated.

    Provide copies of all documents supporting your answers. Failure to provide documentation may delay the evaluation of your claim.

2. Are you claiming a past loss of income from self-employment, employment as an independent contractor, or from a business or venture in which you have an ownership interest? ☐ Yes ☐ No If "Yes," state:

    a. Nature of self-employment, or other business or venture;

    b. Trade name ("d/b/a"), if applicable;

    c. Share of your ownership interest;

    d. Names of other owners and their respective ownership shares;

    e. Inclusive dates of income loss;

    f. Medical and/or other reasons for income loss; and

    g. Amount of income lost, and how calculated.

    Provide copies of all documents supporting your answers. Failure to provide documentation may delay the evaluation of your claim.

3. Are you claiming a continuing or future loss of income? ☐ Yes ☐ No If "Yes," state:

    a. Anticipated duration of such loss of income;

    b. Medical and/or other reasons for such anticipated loss of income; and

    c. Amount of such anticipated loss of income, and how calculated.

    Provide copies of all documents supporting your answers. Failure to provide documentation may delay the evaluation of your claim.

4. Are you claiming a future loss of earning capacity? ☐ Yes ☐ No If "Yes," state:

   a. Medical and/or other reasons for such anticipated future loss of earning capacity; and

   b. Dollar amount claimed for such loss of earning capacity and how calculated.

Provide copies of all documents supporting your answers. Failure to provide documentation may delay the evaluation of your claim.

Oath or affirmation. I, _____, under oath or affirmation,
(print name)
state that the foregoing answers, statements and representations are true and correct to my best knowledge and belief, subject to the penalties of making a false affidavit or declaration.

_____
Signature