



**QUESTIONS AND AFFIDAVIT FOR CLAIMANT  
REGARDING WAIVER OF FINAL JUDGMENT AND  
REQUIREMENT – AFFIDAVIT FORM C**

**File No:** \_\_\_\_\_

**Claimant's Name:** \_\_\_\_\_

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

I, \_\_\_\_\_, state that I have not obtained a final judgment against  
*(name of undersigned claimant)*

the tortfeasor regarding the tort forming the basis of my claim against the Missouri Tort Victims' Compensation Fund. I understand that such a final judgment is required in order to be eligible to receive compensation, unless a waiver is granted by the Division of Workers' Compensation. I understand that such waiver can only be granted if certain conditions are met. Therefore, in order to obtain such a waiver, and as part of my claim against the Missouri Tort Victims' Compensation Fund, I hereby answer the following questions truly, accurately and completely.

1. Has the tortfeasor declared bankruptcy?  Yes  No If "Yes," state:

- a. Tortfeasor's name;
- b. District court in which bankruptcy proceedings took place;
- c. Date and type of discharge; and
- d. Whether you were named as a creditor in the proceedings.

*You may attach copies of documents to explain or supplement your answers.*

2. Have you been unable to identify the tortfeasor?  Yes  No If “Yes,” state in detail the facts and circumstances explaining why you have been unable to identify the tortfeasor.

*If there is a document (e.g., police report, private investigator’s report) detailing the facts and circumstances, attach a copy.*

3. Have you been unable to obtain service of process on the tortfeasor after making a good faith effort to do so?  Yes  No If “Yes,” state in detail the efforts you have made (or which have been made on your behalf) to obtain service of process on the tortfeasor.

*Attach all court documents and any other documents evidencing the efforts to obtain service of process.*

4. Has the claim against the tortfeasor been settled for the insurance policy limits available to cover the liability of such tortfeasor, but such policy limits are inadequate in light of your injuries?  Yes  No

**If yes, you must also complete Form WCT-2, Questions and Affidavit for Claimant Regarding Benefit Sources and Payments – Affidavit Form A.**

**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*