WORKERS' COMPENSATION		MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS TORT VICTIMS' COMPENSATION	P.O. Box 58 Jefferson City, MO 65102-0058	
		QUESTIONS AND AFFIDAVIT FOR CLAIMANT REGARDING DUE DILIGENCE IN ENFORCING THE JUDGMENT – AFFIDAVIT FORM D	573-751-4231 labor.mo.gov/DWC	
Fil	le No:			
Cl	aimant's Name:			
		(Please type or print your answers. You may use additional sheets if nec	eessary.)	
I,		, as part of my claim against	t the Missouri Tort Victims'	
Co	mpensation Fund	<i>(name of undersigned claimant)</i> , as part of my claim against (name of undersigned claimant), hereby answer the following questions truly, accurately and completely.		
1.	Have you obtain	Have you obtained a final judgment against the tortfeasor? 🗌 Yes 🗌 No		
Comment:				
If no, do not continue with this form. Instead, complete Form WCT-4, Questions and Affidavit Regarding Waiver of Final Judgment Requirement – Affidavit Form C.			d Affidavit for Claimant	
2.	What was the date the judgment became final?			
3.	What efforts have been made by you or on your behalf to enforce or collect upon the final judgment? Answer in detail, including dates.			
	Attach copies of all documents evidencing attempts at execution, attachment, garnishment, sequestration, results of asset searches, and other similar documents.			

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

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711