



Claimant's Name: _____ SSN: _____ Employer's Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Carrier: _____
 Preparer's Name: _____ Preparer's Phone #: _____

Please provide all of the information requested. Incomplete forms will delay the review process.

REQUEST TO WAIVE APPEAL FILING FEE

1. Are you presently employed? Yes No
 - a. If yes, state the name and address of your employer and wages below.

 - b. If no, where did you last work, when did you stop working, and what were your wages?

 - c. Is your spouse employed? Yes No If yes, where? _____
 What are your spouse's wages? \$ _____
 - d. What is the total income of all working members of your household?

2. How many people are dependent on you for their support (include children and relatives)? _____
 How much do you spend weekly for their support? \$ _____
3. List any money you have received in the past year other than that listed above and state from what source that money came (gift, inheritance, insurance, etc.).

4. Do you have a checking or savings account? Yes No
 If yes, what is the balance in each account? Checking: \$ _____ Savings: \$ _____
5. Do you rent or own your home? Rent Own Rent or mortgage payment: \$ _____
6. Do you own a car? Yes No Payments: \$ _____
7. List the names of your creditors and amount of debt.

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition. I request that the filing fee be waived.

Signature _____ Date _____

For official use only. Fee Waived Waiver Rejected Other Disposition

 Chair, S.C. Workers' Compensation Commission

File this form with a Form 30, Application for Commission Review. Refer to R.67-701 through R.67-711 for additional information. File this form with a Form 50, 52, 54, Requests for Motions, Consents and Settlements. Refer to R.67-207, R.67-208, R.67-215, R.67-803 and R.67-805.