

IC File # _____

STATEMENT OF ACCRUED ARREARAGES

G.S. § 97-87(c)(1)

Emp. Code # _____

Carrier Code # _____

The I.C. File # is the unique identifier for this injury. It will be provided by return letter and is to be referenced in all future correspondence.

The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act

I.C. No. _____; _____, **Employee, Plaintiff;** v. _____, **Employer;** and _____ **Carrier; Defendants.**

PURSUANT TO N.C. Gen. Stat. § 97-87, claimant hereby seeks the issuance of a Certificate of Accrued Arrearages and states as follows:

1. Claimant is entitled to monetary benefits from defendant(s) pursuant to:
Please check appropriate box and provide filed date in blank.

- | | |
|--|--|
| <input type="checkbox"/> Opinion & Award _____ | <input type="checkbox"/> Form 60 _____ |
| <input type="checkbox"/> Form 21 _____ | <input type="checkbox"/> Form 62 _____ |
| <input type="checkbox"/> Form 26 _____ | <input type="checkbox"/> Form 63 _____ |
| <input type="checkbox"/> Other Order _____ | |
- Specify Order and Filed Date

2. The following sums remain unpaid. Explain the basis for each sum, e.g. # weeks x comp rate after a specific date. *An accrued arrearage requires that the time for making payment has expired.*

\$ _____ principal _____
Explain Calculation

\$ _____ interest _____
Explain Calculation

\$ _____ costs, etc. _____
Explain Calculation

3. As of _____ the **total accrued arrearage** was \$ _____.
Date of Application

The undersigned hereby certifies that the above order or award is in full force and effect, that the time for making payment has expired and claimant is entitled to the sum stated in paragraph 3.

Signature: Claimant Attorney

Address

Telephone

ATTORNEYS: FILE VIA EDFP
[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html)
EMPLOYEE FILING OPTIONS:
 EMAIL TO DOCKETS@IC.NC.GOV
 FAX TO (919) 715-0282
 MAIL TO NCIC DOCKET SECTION
 1236 MAIL SERVICE CENTER
 RALEIGH, NC 27699-1236
 HELPLINE: (800) 688-8349
 WEBSITE: [HTTP://WWW.IC.NC.GOV](http://www.ic.nc.gov)

CERTIFICATE OF SERVICE

This is to certify that I have this day served a copy of the foregoing Statement of Accrued Arrearages upon the below listed persons by depositing a copy of same in the United States mail, postage prepaid, addressed as follows:

This the ____ day of _____, 20__.

Signature

Address

Telephone

Note: § 97-87(c)(1) provides, in pertinent part:

The claimant ... shall serve a copy [of the Statement of Accrued Arrearages] on all parties against whom judgment is sought and their attorney of record.

Note: § 97-87(c) provides:

1. Any party against whom judgment is sought may, within 15 days of the date of service of a Statement of Accrued Arrearages, file with the Commission proof of any payments that have been made or other responsive pleadings.
2. If no proof or other responsive pleading is filed within 15 days of the date of service of the Statement, the Commission shall immediately issue a Certificate of Accrued Arrearages.

ATTORNEYS: FILE VIA EDFP
[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html)
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