COMPLAINT FOR PENALTIES PURSUANT TO 39-A §205(3)

STATE OF MAINE
WORKERS ' COMPENSATION BOARD
ABUSE INVESTIGATION UNIT
27 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0027

PETITIONER - EMPLOYEE

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____
(last four digits required)
BOARD FILE NUMBER: _____

RESPONDENT - EMPLOYER

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____

RESPONDENT - INSURER

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____

NOTICE

A party is not required to file a written response to this petition under 39-A M.R.S.A. §307(3).

1. On _____ (MONTH) _____ (DAY) _____ (YEAR) , _____ (EMPLOYEE NAME) sustained a work-related injury while working for _____ (EMPLOYER NAME).

2. On _____ (MONTH) _____ (DAY) _____ (YEAR) , the employer had notice or knowledge of the work-related injury.
   Incapacity (lost time from work) began on _____ (MONTH) _____ (DAY) _____ (YEAR).

3. [**CHECK ONE]:**
   - ☐ There is no ongoing dispute regarding the claim and the insurer/employer has failed to pay weekly compensation benefits within thirty (30) days after becoming due and payable; OR
   - ☐ The insurer/employer failed to deny the claim within fourteen (14) days after notice or knowledge of the injury and has failed to pay weekly compensation benefits within thirty (30) days of becoming due and payable.

THEREFORE, I request such penalties as I may be entitled pursuant to Title 39-A §205(3).

_____
SIGNATURE OF PETITIONER

DATED: _____
MONTH DAY YEAR

FILING INSTRUCTIONS

1. Mail original petition to the Workers' Compensation Board at the above address by regular mail.
2. Mail one (1) copy by certified mail, return receipt requested, to each other party named in the petition.
3. Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

_____
NAME OF PETITIONER'S ATTORNEY OR ADVOCATE (IF ANY)

_____
STREET/P.O. BOX

_____
CITY, STATE, ZIP

_____
TELEPHONE NUMBER

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: (888) 801-9087 or TTY Maine Relay 711.