PETITION FOR FORFEITURE
PURSUANT TO 39-A §324(2)

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 Workers' Compensation Board: [**CHECK ONE**]

   ☐ Issued a decision or order granting a petition and ordering payment of compensation in the amount of $ _____ (AMOUNT) for the period _____ (MONTH DAY YEAR) to _____ (MONTH DAY YEAR); OR

   ☐ Approved an agreement for the payment of compensation in the amount of $ _____ (AMOUNT) for the period _____ (MONTH DAY YEAR) to _____ (MONTH DAY YEAR).

3. The respondent has failed to comply with the Board order or decision or approved agreement by not paying the compensation ordered or agreed to be paid until _____ (MONTH DAY YEAR).

THEREFORE, I request such penalties and attorney's fees as I may be entitled pursuant to Title 39-A §324(2).

_____
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.