

WORKERS' COMPENSATION OFFICE OF ADJUDICATION

EMPLOYEE/DEPENDENT	BUREAU CLAIM NUMBER
VS.	
EMPLOYER	DATE OF INJURY
EMPLOYEE'S STATEMENT UNDER	23 Pa. C.S.A. SECTION 4308.1(F)
1. My full name is:	
2. I am the employee or dependent in this wo	rkers' compensation proceeding.
3. My mailing address is:	
4. My social security number is:	
5. My date of birth is:	·
6. Please initial one of the following statemer	nts:
A. There is no outstanding child supp	ort order against me
B. There is an outstanding child suppo	ort order against me, and all payments are
C. There is an outstanding child suppo	ort order against me, and payments are in arrears
I verify that the information on and provided I understand that false statements made on or under 18 Pa.C.S.A. § 4904 (relating to unswothis statement is made subject to the penalties	pursuant to this form are punishable orn falsifications to authorities), and that
Dated:	
EMPLOYEE/DEPENDENT	WITNESS

NOTE: This statement must be accompanied by written documentation of arrears from the Pennsylvania Child Support Enforcement System web site, or if no arrears exist, written documentation from the web site indicating no arrears.