

**CERTIFICATE OF ACCRUED ARREARAGES
OR CERTIFIED ACCOUNTING OF AWARD
G.S. 97-87**

IC File # _____

Emp. Code # _____

Carrier Code # _____

Employer FEIN _____

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.

FILED:

The undersigned, upon application of claimant and pursuant to N.C. Gen. Stat. § 97-87, enters a Certificate of Accrued Arrearages or Certified Accounting of an Award of the Commission as follows:

- 1. Provide the names and addresses of plaintiff, liable defendant-employer (and 3rd party administrator if applicable) and liable defendant-carrier.

Claimant	Name	Address	City, State, Zip Code
Employer-Defendant	Name	Address	City, State, Zip Code
Carrier-Defendant or 3rd Party Administrator	Name	Address	City, State, Zip Code

- 2. The sum of all principal amounts that have accrued and remain unpaid since the date of the award or since the date of the most recent prior Certificate of Accrued Arrearages is: \$ _____.
- 3. The total of any interest that has accrued and remains unpaid since the date of the award or since the date of the most recent prior Certificate of Accrued Arrearages is: \$ _____.
- 4. Costs, penalties, or monetary sanctions previously awarded are: \$ _____.
- 5. The **total sum** remaining unpaid as of _____ is \$ _____.
Date of Application

The above named defendant(s) is/are jointly and severally liable and judgment shall be entered against all defendants. The undersigned hereby certifies that the information contained herein is a true accounting of the accrued arrearages due claimant pursuant to an Award of the Commission in this claim.

This the _____ day of _____, 20____.

COMMISSIONER