

STATEMENT OF ACCRUED ARREARAGES
G.S. 97-87(C)(1)

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.

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.

- Opinion & Award \_\_\_\_\_ Form 60 \_\_\_\_\_
Form 21 \_\_\_\_\_ Form 62 \_\_\_\_\_
Form 26 \_\_\_\_\_ Form 63 \_\_\_\_\_
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

MAIL TO: THE FULL COMMISSION
NORTH CAROLINA INDUSTRIAL COMMISSION
1236 MAIL SERVICE CENTER
RALEIGH, NC 27699-1236

**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.