

KENTUCKY DEPARTMENT OF WORKERS' CLAIMS
Frankfort, KY 40601

Workers' Compensation Claim No. _____

IF THIS FORM IS NOT PROPERLY COMPLETED, IT WILL BE RETURNED.
Every section should be filled in. If a section is not applicable, fill in the blank with N/A.

Plaintiff/Employee

Defendant/Employer

1. For the alleged safety violation pursuant to KRS 342.165, state the safety rule(s), regulation(s) or statute(s) alleged to have been violated by the employer:

- _____
2. State the facts as to how the alleged failure of the employer to comply with the rule(s), regulation(s) or statute(s) referred to in answers to the previous section caused or contributed to, in any degree, the accident to occur:

- _____
3. The following *SVC attachments* should be submitted, if applicable and available:
 - a. Accident report
 - b. OSHA, MSHA or other report of investigation
 - c. Citation for safety penalty by a governmental agency

This the _____ day of _____, 20 ____.

Submitter is:

Attorney (signature) for Plaintiff/Employee or Pro Se Plaintiff