

ANSWER TO OFFICER'S COMPLAINT FOR CONTINUATION OF SALARY BENEFIT  
 UNDER  
 PEACE OFFICER & DETENTION OFFICER  
 TEMPORARY DISABILITY ACT  
 (Idaho Code § 72-1101, *et seq.*)

I.C. NO. \_\_\_\_\_

INJURY DATE \_\_\_\_\_

**The employer or employer/surety named below responds to the Officer's Complaint by stating:**

COMPLAINING OFFICER'S NAME AND ADDRESS	OFFICER'S ATTORNEY'S NAME AND ADDRESS
EMPLOYER'S NAME AND ADDRESS  TELEPHONE NUMBER:	WORKERS' COMPENSATION INSURANCE CARRIER'S (NOT ADJUSTOR'S) NAME AND ADDRESS
ATTORNEY REPRESENTING EMPLOYER OR EMPLOYER/SURETY (NAME AND ADDRESS)	

IT IS: (Check One)	
Admitted	Denied

1. That the Complaining Officer qualifies as a peace officer or detention officer as defined under Idaho Code § 72-1101 *et seq.*
2. That the Officer qualifies for workers' compensation wage loss benefits for this injury under title 72, Idaho Code .
3. That the Officer's injury was incurred in the performance of his or her duties as an Officer .
4. That the Officer's injury was incurred when responding to an emergency .
5. That the Officer's injury was incurred in the pursuit of an actual or suspected violator of the law.
6. That the Officer's injury was caused by the actions of another person after July 1, 2012 and before July 1, 2015.
7. That the Officer is temporarily incapacitated from performing his or her duties as an Officer.
8. That the average weekly wage claimed by the Officer is correct. If denied, state the average weekly wage pursuant to Idaho Code § 72-419: \$ \_\_\_\_\_.

(Continued from front)

9. State with specificity what matters are in dispute and your reason for denying liability, together with any affirmative defenses.

Under the Commission rules, you have 21 days from the date of service of the Complaint to answer the Complaint. A copy of your Answer must be mailed to the Commission and a copy must be served on all parties or their attorneys by regular U.S. mail or by personal service of process. Unless you deny liability, you should pay immediately the compensation required by law, and not cause the claimant, as well as yourself, the expense of a hearing. All compensation which is concededly due and accrued should be paid. Payments due should not be withheld because a Complaint has been filed. Rule 3.D., Judicial Rules of Practice and Procedure under the Idaho Workers' Compensation Law, applies.

DO YOU BELIEVE THIS CLAIM PRESENTS A NEW QUESTION OF LAW OR A COMPLICATED SET OF FACTS? IF SO, PLEASE STATE.

Amount of Wage Loss Benefits Paid to Date for this injury

Dated

Signature of Defendant or Attorney

PLEASE COMPLETE

CERTIFICATE OF SERVICE

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I caused to be served a true and correct copy of the foregoing Answer upon:

OFFICER'S NAME AND ADDRESS

EMPLOYER AND SURETY'S  
NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

via:  personal service of process  
 regular U.S. Mail

via:  personal service of process  
 regular U.S. Mail

Signature

Type or Print Name