## WORKERS' COMPENSATION COMPLAINT AGAINST THE INDUSTRIAL SPECIAL INDEMNITY FUND (ISIF)

	CLAIMANT'S ATTORNEY'S NAME AND ADDRESS
EMPLOYER'S NAME AND ADDRESS	EMPLOYER'S ATTORNEY'S NAME AND ADDRESS
I.C. NUMBER OF CURRENT CLAIM	WORKERS' COMPENSATION INSURANCE CARRIER'S
	(NOT ADJUSTER'S) NAME AND ADDRESS
DATE OF INJURY	
NATURE AND CAUSE OF PHYSICAL IMPAIRMENT PRE-EXISTING CURI	RENT INJURY OR OCCUPATIONAL DISEASE:
STATE WHY YOU BELIEVE THAT THE CLAIMANT IS TOTALLY AND PE	FRMANENTI V DISARI ED:
STATE WILL TOO BELIEVE THAT THE CLAIMANT IS TOTALLE AND IT	ERWANETTET DIGABLED.
DATE	
SIGNATURE OF PARTY OR ATTORN	EY:
PRINT OR TYPE NA	ME:
CERTIFICATE	OF SERVICE
I hereby certify that on the day of	Signature
foregoing Complaint upon:	, 20, I caused to be served a true and correct copy of the
Toregoing Complaint upon.	
Manager, ISIF PO Box 83720	via: □ personal service of process
Manager, ISIF PO Box 83720 Dept. of Administration Boise, Idaho 83720-7901	via: □ personal service of process □ regular U.S. Mail
Dept. of Administration Boise, Idaho 83720-7901	□ regular U.S. Mail
Manager, ISIF PO Box 83720 Dept. of Administration Boise, Idaho 83720-7901 Claimant's Name	□ regular U.S. Mail via: □ personal service of process
Dept. of Administration Boise, Idaho 83720-7901	□ regular U.S. Mail
Dept. of Administration Boise, Idaho 83720-7901	□ regular U.S. Mail via: □ personal service of process
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address	□ regular U.S. Mail  via: □ personal service of process □ regular U.S. Mail
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name	□ regular U.S. Mail  via: □ personal service of process □ regular U.S. Mail  via: □ personal service of process
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address	□ regular U.S. Mail  via: □ personal service of process □ regular U.S. Mail
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address	□ regular U.S. Mail  via: □ personal service of process □ regular U.S. Mail  via: □ personal service of process
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address  Employer's Name	□ regular U.S. Mail  via: □ personal service of process □ regular U.S. Mail  via: □ personal service of process
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address  Employer's Name	via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address  Employer's Name	via: personal service of process regular U.S. Mail  via: personal service of process  personal service of process regular U.S. Mail
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address  Employer's Name  Address  Surety's Name	via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address  Employer's Name	via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address  Employer's Name  Address  Surety's Name	via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address  Employer's Name  Address  Surety's Name	via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address  Employer's Name  Address  Surety's Name  Address  I have not served a copy of the Complaint upon anyone.	regular U.S. Mail  via: personal service of process regular U.S. Mail
Dept. of Administration Boise, Idaho 83720-7901  Claimant's Name  Address  Employer's Name  Address  Surety's Name	regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  via: personal service of process regular U.S. Mail  notice of claim must first be filed with the

If a Complaint against the employer is outstanding, you must attach a copy of Form IC 1001 Workers' Compensation

An Answer must be filed on Form IC 1003 within 21 days of service in order to avoid default.

IC 1002 (Rev. May 8, 2013)

Complaint, to this document.