

**PETITION FOR FORFEITURE  
PURSUANT TO 39-A §324(2)**

STATE OF MAINE  
WORKERS' COMPENSATION BOARD  
ABUSE INVESTIGATION UNIT  
27 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0027

**PETITIONER - EMPLOYEE**

NAME: \_\_\_\_\_  
STREET/P.O. BOX: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
(last four digits required)  
BOARD FILE NUMBER: \_\_\_\_\_

**RESPONDENT - EMPLOYER**

NAME: \_\_\_\_\_  
STREET/P.O. BOX: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**RESPONDENT - INSURER**

NAME: \_\_\_\_\_  
STREET/P.O. BOX: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**NOTICE**

A party is not required to file a written response to this petition under 39-A M.R.S.A. §307(3).

- On \_\_\_\_\_, \_\_\_\_\_ sustained a work-related injury while working for \_\_\_\_\_.  
MONTH DAY YEAR EMPLOYEE NAME EMPLOYER NAME
- On \_\_\_\_\_, the Workers' Compensation Board: **[CHECK ONE]**  
MONTH DAY YEAR  
 Issued a decision or order granting a petition and ordering payment of compensation in the amount of \$ \_\_\_\_\_ for the period \_\_\_\_\_ to \_\_\_\_\_; OR  
AMOUNT MONTH DAY YEAR MONTH DAY YEAR  
 Approved an agreement for the payment of compensation in the amount of \$ \_\_\_\_\_ for the period \_\_\_\_\_ to \_\_\_\_\_.  
AMOUNT MONTH DAY YEAR MONTH DAY YEAR
- The respondent has failed to comply with the Board order or decision or approved agreement by not paying the compensation ordered or agreed to be paid until \_\_\_\_\_.  
MONTH DAY YEAR

**THEREFORE**, I request such penalties and attorney's fees as I may be entitled pursuant to Title 39-A §324(2).

\_\_\_\_\_  
SIGNATURE OF PETITIONER

DATED: \_\_\_\_\_  
MONTH DAY YEAR

**FILING INSTRUCTIONS**

- Mail original petition to the Workers' Compensation Board at the above address by regular mail.
- Mail one (1) copy by certified mail, return receipt requested, to each other party named in the petition.
- Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

\_\_\_\_\_  
NAME OF PETITIONER'S ATTORNEY OR ADVOCATE (IF ANY)  
\_\_\_\_\_  
STREET/P.O. BOX  
\_\_\_\_\_  
CITY, STATE, ZIP  
\_\_\_\_\_  
TELEPHONE NUMBER