

**Idaho Industrial Commission**  
**Application for Waiver of Cost for Hearing Transcript**

The undersigned party in workers' compensation case # \_\_\_\_\_ hereby requests a waiver of the cost of obtaining a copy of the transcript of the evidentiary hearing in the case now pending before the Commission.

This application is based on the inability of the requesting party to pay the cost of the requested hearing transcript(s) without creating a financial hardship to that party.

**Required Information**

Name of Requesting Party: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Monthly Gross Salary/Wages: \$ \_\_\_\_\_

Other Income (Monthly): \_\_\_\_\_ Source: \_\_\_\_\_

Relationship and Ages of Dependents: \_\_\_\_\_

Spouse's Monthly Gross Salary/Wages: \$ \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Monthly Child Support Payments paid/received: \$ \_\_\_\_\_ (Paid) \$ \_\_\_\_\_ (Received)

Monthly Mortgage/Rental payment on personal residence: \$ \_\_\_\_\_

Total Monthly Debt payments: \$ \_\_\_\_\_

Other information relevant to a determination of financial hardship: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

The undersigned swears or affirms **under penalty of perjury** that the above information, provided to support the above party's application for a waiver of the cost for a copy of the hearing transcript(s) identified above, is true and correct to the best of his/her knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant's Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

SUBSCRIBED and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_

Residing at: \_\_\_\_\_

My Commission expires: \_\_\_\_\_