District of Columbia Government
Office of Workers' Compensation
4058 Minnesota Avenue, N.E.
Washington, DC 20019
(202) 671-1000

Warning: *It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.*

Date of This Report

Employee Social Security No.

Employer Identification No.

Insurer No.

Memo of Payment of Workers' Compensation

Employee Name and Address:	Employer Name and Address:	Insurer Name and Address:

The employer is required to pay disability compensation and to file with the Office of Workers' Compensation (OWC), copy to employee, memorandum of payment in accordance with Section 16, *as soon as possible after date of knowledge of injury, but by the fourteenth day thereafter*. Filling shall also be made upon making provisional payment, adjusting such payment, and upon making payment resulting from an OWC award. Failure to pay and to file memoranda promptly, in the absence of a legitimate denial of benefit, shall subject the employer to an added ten percent (10%) of payment.

Date and time of Injury: _____

Description of Injury: _____

	Disability/Recurrence	First Supplemental Report- Received Date	1st Payment	2nd Payment
Date				

Compensation at the rate of $ _____per week. Average weekly wage of $ _____.

Beginning _____

Compensation payment voluntary	☐ Yes ☐ No
Compensation payment results from OWC hearing award	☐ Yes ☐ No
Memo indicating provisional payment already filed	☐ **Yes** ☐ **No**
Memo indicating adjustment in total disability	☐ **Yes** ☐ **No**

See attached wage schedule, except if maximum compensation or disability is less than seven (7) days.

Missing wage schedule ☐ Yes ☐ No

When expected? _____ Provisional Payment of $ _____, subject to later adjustment.

_____
Name (Please Print or Type)

_____
Office Approval & Date

_____
Signature

_____
Telephone Number