



**CLAIM FOR COMPENSATION FOR
 LINE OF DUTY COMPENSATION BENEFITS**

Instructions:

1. Type or print clearly in ink.
2. Claim must be filed by the estate of the deceased.
3. Last page of this form must be signed by claimant and notarized.
4. If question is not applicable, please answer with N/A.
5. Claim may be filed in person at any of the Division's adjudication offices or by mail at the address indicated above.
6. Claim must be filed within one year of the date of death of a law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter killed in the line of duty.

FOR DIVISION USE ONLY	
Case Number: _____	
Date Received: _____	

Pursuant to the provisions of the Line of Duty Compensation Act, §287.243, RSMo, as amended, application is hereby made for payment of benefits as follows:

1. Decedent's Name		2. Decedent's Social Security Number	
3. Address of decedent's Missouri residence at time of death		If no Missouri address, please provide the address of decedent's residence at time of death	
4. Date of death	5. Date of injury resulting in death	6. Employer's name and address	
7. Place of injury causing death			
8. Rank and title of position or designation of the position in which decedent was serving at time of death, or at time of injury resulting in death			
9. Name and address of Personal Representative		10. County where the estate is being probated	
		11. County which has jurisdiction to probate the estate	
12. Decedent's marital status at time of death		13. (If applicable) name, address, phone number and Social Security Number (last four digits) of decedent's surviving spouse	
14. Did decedent have children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Please attach copies of the following documents (if available) that provide a full, factual account of the circumstances resulting in or the course of events causing the decedent's death: A. Report of Casualty or Accident filed with the employer; B. Certificate of Death; C. Police Report; D. Autopsy Report; E. Medical Records; F. Toxicology Report.		16. Please attach copies of the following documents that support this application: A. Certified copy of the Order granting Refusal of Letters to surviving spouse or unmarried minor, minor, or dependent children entered by the Circuit Court; B. Certified copy of the Circuit Court Order on the Determination of Heirship; C. Certified copy of the Circuit Court Order on small estate procedures; D. Certified copy of the Circuit Court Order on Termination of Administration and approval of the final settlement of the estate; E. Court's Decree of Final Distribution.	
17. Please attach copies of any other documents that may be relevant or useful in consideration of this claim.			

Claimant Information	
1. Claimant's Name	2. Claimant's Address
3. Telephone Number Home: _____ Work: _____	
4. Relationship to decedent	5. Date of filing claim
6. A Petition for Issuance of Letters of Administration was filed In the Circuit Court of _____ County, Probate Division, Estate Number: _____	
7. A full probate administration was not required based upon the following: A. Refusal of Letters to surviving spouse or unmarried minor, minor, or dependent children ordered by the Circuit Court; B. Determination of Heirship in an intestate case.	
8. Name and address of the attorney representing the estate	9. (please check the appropriate box below) I <input type="checkbox"/> am <input type="checkbox"/> am not currently represented by an attorney. I agree to notify the Division in writing if and when I hire an attorney to represent me in this case.

STATE OF _____)
)
 COUNTY OF _____)

_____ on oath, states that the information in the foregoing application was completed by, or at the direction of, the undersigned and that matters stated therein are true and correct.

Claimant's Signature

Subscribed and sworn to before me this
 _____ day of _____, 2_____.

Notary Seal

Notary Public