



APPLICATION FOR ASSAULT BENEFITS

Applications must be submitted within 60 business days of the assault. An additional 60 business days may be allowed if the application cannot be reasonably submitted within that period. Benefits will only be paid if you are approved for Department of Labor and Industries (L&I) workers' compensation benefits per RCW 51.32 for an injury related to the assault.

COMPLETED BY EMPLOYEE

Name _____ Job title/class _____ Facility/office _____

I was injured by the following individual(s) under Department jurisdiction:

Name _____ DOC number _____

Name _____ DOC number _____

Describe the assault: _____

How did the assault result in injury? _____

Signature _____ Date _____

COMPLETED BY HUMAN RESOURCES OFFICE

Date application was received: _____

If applicable, explanation for filing after 60 days: _____

Type of injury _____ L&I claim number _____ Date of injury _____

Date leave started _____ Date returned to work _____ Days of leave taken _____

Type of leave taken _____ Hours of leave _____

Required documentation for application packet:

- L&I claim form Incident report (IMRS) DOC Accident/Injury Report Videos
- DOC 03-188 Application for Assault Benefits Other supportive information
- DOC 21-424 Use of Force or DOC 21-984 Community Corrections Use of Force Report

Name _____ Signature _____ Job title/class _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Assault benefit file