

Wage Claim

Part 1 – Claimant Information

First Name:	Last Name:	Date of Birth:
Social Security Number:	Phone Number:	Email Address:
Address:		
City:	State:	ZIP:

Part 2 – Employer Information

Name of Business:		
Was work performed in Iowa? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you Union Contract Covered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you retained an Attorney? Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 3 – Reason of Claim

Explain the reason for filing your claim and the circumstances:	Requested Claim Amount: \$
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By signing below, I certify that the information on this form and the attachments (if any) is true and accurate to the best of my knowledge.

I assign in trust this claim and all penalties accruing of non-payment, and liens securing them, to the Iowa Department of Inspections, Appeals, and Licensing (DIAL) Director or Designee. This assignment shall become effective upon a determination by the DIAL Director or Designee that I have an enforceable claim. I authorize the DIAL Director or Designee to settle this claim. I authorize the DIAL Director or Designee to receive payment for this claim, and authorize such payment to be mailed to me unless I have made a different arrangement with the DIAL Director or Designee.

I understand that I must cooperate as required by the DIAL Director or Designee, and it is my responsibility to provide sufficient information to demonstrate the claim due. I understand that there is no guarantee that the DIAL Director or Designee will accept my claim and collect on it.

Signature

Date