



**QUESTIONS AND AFFIDAVIT FOR CLAIMANT  
REGARDING LOST INCOME – AFFIDAVIT FORM B**

**File No:** \_\_\_\_\_

**Claimant's Name:** \_\_\_\_\_

*(Please type or print your answers. You may use additional sheets if necessary.)*

I, \_\_\_\_\_, as part of my claim against the Missouri Tort Victims'  
*(name of undersigned claimant)*

Compensation Fund, hereby answer the following questions truly, accurately and completely.

1. Are you claiming a past loss of wages, salary, or income from one or more employers (not including self-employment, employment as an independent contractor, or from a business or venture in which you have an ownership interest)? ☐ Yes ☐ No If "Yes," for each employer, state:

- a. Name, address and telephone number of employer;
- b. Inclusive dates of income loss;
- c. Medical and/or other reasons for inability to work; and
- d. Amount of wages, salary or income lost, and how calculated.

*Provide copies of all documents supporting your answers. Failure to provide documentation may delay the evaluation of your claim.*

2. Are you claiming a past loss of income from self-employment, employment as an independent contractor, or from a business or venture in which you have an ownership interest? ☐ Yes ☐ No If “Yes,” state:
- a. Nature of self-employment, or other business or venture;
  - b. Trade name (“d/b/a”), if applicable;
  - c. Share of your ownership interest;
  - d. Names of other owners and their respective ownership shares;
  - e. Inclusive dates of income loss;
  - f. Medical and/or other reasons for income loss; and
  - g. Amount of income lost, and how calculated.

*Provide copies of all documents supporting your answers. Failure to provide documentation may delay the evaluation of your claim.*

3. Are you claiming a continuing or future loss of income? ☐ Yes ☐ No If “Yes,” state:
- a. Anticipated duration of such loss of income;
  - b. Medical and/or other reasons for such anticipated loss of income; and
  - c. Amount of such anticipated loss of income, and how calculated.

*Provide copies of all documents supporting your answers. Failure to provide documentation may delay the evaluation of your claim.*

4. Are you claiming a future loss of earning capacity? ☐ Yes ☐ No If "Yes," state:

a. Medical and/or other reasons for such anticipated future loss of earning capacity; and

b. Dollar amount claimed for such loss of earning capacity and how calculated.

*Provide copies of all documents supporting your answers. Failure to provide documentation may delay the evaluation of your claim.*

**Oath or affirmation.** I, \_\_\_\_\_, under oath or affirmation,  
(print name)

state that the foregoing answers, statements and representations are true and correct to my best knowledge and belief, subject to the penalties of making a false affidavit or declaration.

\_\_\_\_\_  
Signature