

**INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT  
CLAIM FOR VOLUNTEER FIREFIGHTER DISABILITY BENEFITS**

[www.bdadj.alabama.gov](http://www.bdadj.alabama.gov)

**NOTE: Claims must be presented to the Alabama State Board of Adjustment within two years of the date of injury. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. Disability benefits are paid according to the Code of Alabama, 1975, §§36-30-1, et seq. All supporting documentation must be submitted on 8 ½ x 11 paper front side only.**

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Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

• **MAIL COMPLETED FORMS TO:**

Alabama State Board of Adjustment  
600 Dexter Avenue, Suite E-302  
Montgomery, AL 36104

• **FORMS MAY BE DELIVERED TO:**

Alabama State Board of Adjustment  
State Capitol Building, Suite E-302  
Montgomery, Alabama

• Telephone Numbers: (334) 242-7175 Fax: (334) 242-2008

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1. Claimant Information: Enter the name, address, telephone number(s), email address, and the claimant's last four digits of their social security number.
2. Date of Injury: Enter the date the injury occurred.
3. Length of Service: Enter the length of time the claimant was employed as a volunteer firefighter.
4. Provide the location where the injury occurred.
5. Provide a statement of facts explaining the circumstances related to the injury. Attach additional sheets if necessary.
6. Describe the type of disability.
7. Describe the extent of the disability. Are totally disabled, answer yes or no. If you answered yes, explain why. Write in how long the disability has existed. Answer yes or no as to whether you feel that your disability is likely to continue for at least twelve (12) months from the date of injury.

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If the claimant is represented by an attorney, provide the attorney's name, address and telephone number. This information is needed for each claimant. **DO NOT SIGN THE FORM UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.**

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In the "VERIFICATION" section, a Notary Public will verify your signature.

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**DOCUMENTATION REQUIRED TO SUPPORT CLAIM FOR BENEFITS**

- Affidavit from head of agency where the claimant served as a volunteer firefighter stating status of employment and circumstances of injury for which benefits are claimed.
- Birth certificate of claimant.

**ALABAMA STATE BOARD OF ADJUSTMENT**  
**CLAIM FOR VOLUNTEER FIREFIGHTER DISABILITY BENEFITS**

See Page 1-2 of this form for instructions. Each number on the form corresponds with numbers on instruction sheets. Read all instructions carefully to ensure your claim is not returned for additional supporting documentation. See INSTRUCTIONS for mailing or hand delivering this form to the Board of Adjustment (Page 1).

**DO NOT WRITE IN THIS SPACE. FOR BOARD OF ADJUSTMENT USE ONLY.**

**Claim No.:** \_\_\_\_\_

1. Claimant:

Name: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Office Telephone Number: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

2. Date of Injury: \_\_\_\_\_

3. How long has claimant served as a volunteer firefighter? \_\_\_\_\_

4. Location or Place of Injury: \_\_\_\_\_

5. Statement of Facts (Attach additional sheets if necessary): \_\_\_\_\_

6. Type of Disability: \_\_\_\_\_

7. Extent of Disability: Do you feel that you are totally disabled? Yes  No

If yes, explain why: \_\_\_\_\_

How long has the disability existed? \_\_\_\_\_

Do you feel that it is likely to continue for at least twelve (12) months from the date of injury?

Yes  No

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The claimant respectfully prays that the Board of Adjustment will take cognizance of this claim and upon consideration thereof, make an award.

IF CLAIMANT IS REPRESENTED BY AN ATTORNEY, GIVE NAME & ADDRESS:

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name

Telephone \_\_\_\_\_

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STATE OF ALABAMA )  
 )  
\_\_\_\_\_ COUNTY )

Before, \_\_\_\_\_ a Notary Public in and for said State and County, personally appeared \_\_\_\_\_, who being made known to me and being informed of the contents of this petition and the statements by him/her therein and being by me duly sworn, say statements are true and correct.

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name

My Commission Expires: \_\_\_\_\_

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