

From the office of Jenny Fields, CFA Martin County Property Appraiser

First Responder's Employer Certification of Injury

Section 196.102, Florida Statutes
File this form with the Martin County Property Appraiser

TO BE COMPLETED BY EMPLOYER OR VOLUNTEER'S SUPERVISOR

Hobe Sound Office	Website: pa.martin.fl.us —— Stuart Main Office	Indiantown Offic
Signature (employer/designee)	Title	Date
I certify that the first responder's injury or without willful negligence on the part of the permanent disability. This statement is true	e first responder, and are the sole cause	of the first responder's total and
(a) The nonroutine stressful or strenuous a that gave rise to the total and permane(b) The cardiac event was not caus	· · · · · · · · · · · · · · · · · · ·	ne cardiac event
NOTE: A total and permanent disability the cardiac event occurs no later than 24 hours physical activity in the line of duty and the responder's treating cardiologist for the ca within a reasonable degree of medical cert	s after the first responder performed nor first responder provides the employer w rdiac event along with any pertinent sup	nroutine stressful or strenuous ith a certificate from the first
Incident Details		
Location of Incident	Date of Incident	
DESCRIPTION OF INCIDENT (The employ incident or event that caused the injury, su		n extant documentation of the
Name Employing Entity Address		
Supervisor Name	Employin	g Entity

Hobe Sound Office 11726 SE Federal Highway Hobe Sound, FL 33455 (772) 546-1309

3473 SE Willoughby Blvd. Suite 101 Stuart, FL 34994 (772) 288-5608 Indiantown Office 16550 Warfield Blvd. Indiantown, FL 34956 Call for office hours (772) 288-5608