

REQUEST FOR WORKERS' COMPENSATION RECORDS BY PARTIES



Under the provisions of Idaho Code § 9-340B(10)(a), the undersigned requests a copy of the workers' compensation records of the Idaho Industrial Commission identified below. **Requester agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.**



Claimant's Full Name:* _____

Claimant's Social Security Number:* _____ - _____ - _____

Date(s) of injury:* _____

I.C. Claim Number: ____ - ____ - _____

Employer: _____

<u>I.C. RESPONSE/NOTE AREA:</u>

Records Requested:*

Claims History Search, including IC claim status for:

- The past 5 years. The past ____ year period (not to exceed 30 yr).

Hardcopy of Electronic First Report of Injury of:

- The above noted claim. All claims in requested claims history search.

(Note: The following information may not be available for claims closed more than 10 years ago.)

Hardcopy of claim file contents of:

- The above noted claim. All claims in requested Claims History Search.

Copy of other workers' compensation records (Specify):

- Rehabilitation records Adjudication records (closed files only)
 Other records (Describe): _____

The undersigned party is (check all applicable boxes):*

- The claimant, the employer, the surety, or the ISIF,
 in **an open claim** involving one of the parties in the records requested, or
 in **the closed claim(s)** requested above.

Full name of party:* _____

Full name of legal representative:* _____

Mailing Address for response:* _____

Requester's Phone #/Email: (____) _____ / _____

Requester's Signature:*# _____

Date Signed:* _____

(* = **Completion mandatory**)
(# = **Must be signed personally by legal representative**)

SEND COMPLETED REQUEST TO: IDAHO INDUSTRIAL COMMISSION, ATTN: RECORDS MANAGEMENT, PO BOX 83720, BOISE, ID 83720-0041
