

CLAIMANT'S REQUEST FOR PERSONAL WORKERS' COMPENSATION RECORDS



In accordance with the provisions of Idaho Code § 9-342, the undersigned requests a copy of their own workers' compensation claims from the records of the Idaho Industrial Commission, as described below. **Requester agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.**



Requester's Full Name:* _____
Other Names Used: _____
Social Security Number:* _____ - _____ - _____
Date(s) of Injury:* _____
I.C. Claim Number: _____ - _____ - _____
Mailing Address:* _____

Phone #/Email:* (____) _____/_____

I.C. RESPONSE/NOTE AREA:

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: Information may not be available for the following 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.

A copy of other workers' compensation records (Specify):

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

The undersigned requests that this information be provided directly to:
(Name) _____ at:
(Address) _____
_____,
acting as agent for requester.

Requesting Individual's Signature:* _____
Date Signed:* _____

(* = Completion mandatory)

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