

In Re Workers' Compensation) Last: _____

Claim of: **Claimant's Name**) First: _____

REQUEST FOR CLAIMS FILE INFORMATION

WC Agency File #: _____ Date: _____

- For Review/Copy
- To Administration
- To Judge _____
- To Docket Office
- To Court Reporter _____
- To Health Services
- To Counselor Division
- To Other _____

Reason _____

I declare under PENALTY OF PERJURY that the information sought hereby is not for a purpose in violation of any state or federal law. I understand that I am required by law to disclose the person for whom this search request is being made, if different from myself. This search is being made for:

(Name & address of person for whom search is being made, if other than the undersigned. Please PRINT.)

Name _____ Address _____

City _____ State _____ Zip _____

Your Signature		Printed Name		
Telephone #	Address: Street or P.O. Box No. AND City	State	Zip	

This document is considered a public record under state law.

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