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| <b>OKLAHOMA WORKERS' COMPENSATION COURT<br/>COPY REQUEST FORM</b>   |   | Rev. 5/12  | <b>FOR COURT USE ONLY</b>   |  |
| <b>SUBMIT REQUEST FORM TO</b>   | Oklahoma Workers' Compensation Court<br>ATTENTION: Copy Requests<br>1915 North Stiles<br>Oklahoma City, OK 73105-4918 |  |   |  |
| <b>COPIES TO BE RETURNED TO</b>   | Company Name: _____   |  | <b>FEE FOR FILES PULLED</b><br>PAID <input type="checkbox"/><br>EXEMPT <input type="checkbox"/> |  |
|   | Attention: _____ Telephone: (____) _____  |  |   |  |
|   | Address: _____  |  |   |  |
|   | City/State/Zip: _____   |  |   |  |
| <b>FOR EACH COURT FILE NUMBER YOU MUST:</b><br>1. Use a Separate Copy Request Form, and<br>2. Complete and Sign Part I of this form, if applicable. OR if not applicable, Complete and Sign Part II of this form and Include a \$1 Search Fee. <sup>1</sup>   |   | <b>INQUIRIES</b><br>General Inquiries: Records Dept. (405) 522-8640<br>Records Management Dept. Supervisor: Renea Martin (405) 522-8659                  |   |  |
| <b>Claimant's Name</b>  |   | <b>Date of Injury</b>  | <b>WCC File No.</b>   |  |
| <input type="checkbox"/> <b>FORM A</b> Change of Physician  |   | <input type="checkbox"/> <b>ORDER</b> Entered on ____ / ____ / ____  |   |  |
| <input type="checkbox"/> <b>FORM 3</b> Employee's First Notice of Accidental Injury & Claim for Compensation  |   | <input type="checkbox"/> <b>ALL ORDERS</b>   |   |  |
| <input type="checkbox"/> <b>FORM 3A</b> Claimant's First Notice of Death & Claim for Compensation   |   | <input type="checkbox"/> <b>ENTRIES OF APPEARANCE</b> <input type="checkbox"/> <b>SUBSTITUTION OF ATTORNEY</b>   |   |  |
| <input type="checkbox"/> <b>FORM 3B</b> Employee's First Notice of Occupational Disease & Claim for Compensation  |   | <input type="checkbox"/> <b>ATTORNEY WITHDRAWALS</b>   |   |  |
| <input type="checkbox"/> <b>FORM 3B</b> Employee's First Notice of Occupational Disease & Claim for Compensation  |   | <input type="checkbox"/> <b>ALL MEDICAL REPORTS</b>  |   |  |
| <input type="checkbox"/> <b>FORM 3F</b> Employee's Claim for Benefits from the Multiple Injury Trust Fund   |   | <input type="checkbox"/> <b>FORM 19</b> Request for Payment of Charges for Medical or Rehabilitative Services - Notice of Appeal of Administrative Order |   |  |
| <input type="checkbox"/> <b>FORM 9</b> Motion to Set for Trial<br><input type="checkbox"/> <b>WITH ATTACHMENTS</b>  |   | <input type="checkbox"/> <b>FORM 20</b> Proof of Loss (Death Claim)  |   |  |
| <input type="checkbox"/> <b>FORM 10</b> Answer & Pretrial Stipulation Offered by Respondent<br><input type="checkbox"/> <b>WITH ATTACHMENTS</b>   |   | <input type="checkbox"/> <b>ENTIRE FILE</b> Files May Contain Duplicate Documents... <b>BILLING IS FOR ALL COPIES, INCLUDING DUPLICATES</b>              |   |  |
| <input type="checkbox"/> <b>FORM 13</b> Request for Prehearing Conference   |   | <input type="checkbox"/> <b>OTHER</b> (Specify)  |   |  |
| <input type="checkbox"/> <b>Settlement Agreement</b> (Form CS-337, Form CS-339-A, Form CS-339-B, Other)<br><input type="checkbox"/> <b>WITH ATTACHMENTS</b>   |   |  |   |  |
| <p><b>PART I. STATEMENT OF EXEMPTION:</b> By signing below, I affirm that I meet the requirements of an exemption from the written request and Search Fee requirements of Title 85 O.S. Section 372, as indicated below, and that the information sought is not requested for any non-exempt purpose; <b>provided, however, an employer or personnel service company claiming EXEMPTION #6 ALSO MUST COMPLETE PART II OF THIS FORM.</b> Please circle the number of the exemption that applies:</p> <p style="text-align: center;"><b>EXEMPTIONS</b></p> <ol style="list-style-type: none"> <li>1. Requests made by a public officer or public employee in the performance of his/her duties on behalf of a governmental entity, or as may be allowed by law;</li> <li>2. Requests made by an insurer, self-insured employer, third-party claims administrator, or a legal representative thereof, when necessary to process or defend a workers' compensation claim;</li> <li>3. Requests made by a worker or worker's representative for the worker's claim information;</li> <li>4. Disclosures made for educational or research purposes, in such a manner that the disclosed information cannot be used to identify any worker who is the subject of a claim;</li> <li>5. Requests made by a health care or rehabilitation provider, or legal representative thereof, when necessary to process payment for services rendered to a worker;</li> <li>6. Requests made by an employer or personnel service company where the worker executes a written authorization permitting the search and designating the employer or personnel service company as the worker's representative for that purpose. (The written authorization must be submitted with this form.)</li> </ol> <p>Your Signature: _____ Printed Name: _____</p> <p>Telephone No: (____) _____ Address: _____ City: _____ State: _____ Zip: _____</p> |   |  |   |  |
| <p><b>PART II. COMPLETE THIS IF EXEMPTION #6 (ABOVE) IS CLAIMED OR IF NONE OF THE OTHER EXEMPTIONS LISTED ABOVE APPLY:</b><br/>By signing below, I declare under PENALTY OF PERJURY that the information sought is not for a purpose in violation of any state or federal law. I understand 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:</p> <p>(Name and address of person for whom this search is being made, <b>IF OTHER THAN THE UNDERSIGNED.</b> Please PRINT.)</p> <p>Name _____ Full Address _____</p> <p>Your Signature: _____ Printed Name: _____</p> <p>Telephone No: (____) _____ Address: _____ City: _____ State: _____ Zip: _____</p>   |   |  |   |  |
| <b>NOTE</b> ➡ ➡ Please Return A Copy Of This Copy Request Form And Invoice With Your Check Made Payable To The Workers' Compensation Court  |   |  |   |  |
| <p>Invoice No. _____ Invoice Date: _____</p> <p>_____ COPIES @ \$1.00 per copy (85 O.S., §370) = \$ _____ <b>Total amount due: \$</b> _____</p> <p><b>POSTAGE</b> = \$ _____</p> <p style="font-size: small; text-align: right;"><sup>1</sup> NOTE: BY LAW, THE \$1 SEARCH FEE, IF APPLICABLE, MUST ACCOMPANY THE COPY REQUEST WHEN MADE.</p>   |   |  |   |  |