

# REQUEST FOR WORKERS' COMPENSATION RECORDS BY PARTIES



Under the provisions of Idaho Code § 74-105(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.**

(\* = **COMPLETION MANDATORY**)

Claimant's Full Name: \* \_\_\_\_\_

Claimant's Social Security Number: \* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date(s) of injury: \* \_\_\_\_\_

I.C. Claim Number: \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

Records Requested: \*

I.C. RESPONSE/NOTE AREA:

Claims History Search, including IC claim status for:

- The past 5 years.                       The past \_\_\_\_\_ year period.

Hardcopy of Electronic First Report of Injury for:

- The above noted claim.                       All open claims in requested Claims History Search and all claims closed after January 1, 2004.

▲ **(NOTE: Only Hard Copy First Reports on claims closed after January 1, 2004 are available with this request. Requests for First Reports on claims closed prior to January 1, 2004 will require submission of form RMR-6)**

Hardcopy of claim file contents of:

- The above noted claim.                       All open claims in requested Claims History Search and all claims closed after January 1, 2004.

Copy of other workers' compensation records (Specify):

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

▲ **(NOTE: Requests for workers' compensation records on claims closed prior to January 1, 2004 will require a separate submission of form RMR-6)**

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:** \* \_\_\_\_\_

**SEND COMPLETED REQUEST TO: IDAHO INDUSTRIAL COMMISSION, ATTN: RECORDS MANAGEMENT, PO BOX 83720, BOISE, ID 83720-0041      FAX: 208-334-2321**

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