

REQUEST FOR MICROFILMED WORKERS' COMPENSATION RECORDS BY PARTIES

**FOR MICROFILMED WORKERS' COMPENSATION RECORDS CLOSED BY THE COMMISSION
PRIOR TO JANUARY 1, 2004**

▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲

In accordance with the provisions of the Idaho Public Records Law (Idaho Code § 74-101, *et seq.*), the undersigned hereby requests a copy of the records identified below. **The requester, by the signature below, 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: * _____ - _____ - _____
(NOTE: Records are searched by the full Social Security Number)

Employer: _____

I.C. Claim Number: _____ - _____	Date of injury: * _____
I.C. Claim Number: _____ - _____	Date of injury: * _____
I.C. Claim Number: _____ - _____	Date of injury: * _____
I.C. Claim Number: _____ - _____	Date of injury: * _____
I.C. Claim Number: _____ - _____	Date of injury: * _____
I.C. Claim Number: _____ - _____	Date of injury: * _____

I.C. RESPONSE/NOTE AREA:

Records Requested:*

▲ (NOTE: Hard Copy claim file requests automatically include Adjudication files, if any, due to the combining of the claim file and Adjudication file at the time of original imaging.)

- Hardcopy of First Report of Injury only Copy of Lump Sum Settlement agreement only
- Hardcopy of claim file contents of all above noted claims Include Rehabilitation Records: Yes No
- Other records (Describe): _____

Microfilm record requests are labor intensive and may require up to 10 days to process. Microfilm record requests are charged for labor time & pages produced.

I authorize up to \$200.00 in costs for this request Yes No
I authorize up to \$_____ in costs for this request.

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: * _____
 Requester's Full Name: * _____
 Mailing Address for response: * _____

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

Requester's Signature:* # _____
Date Signed:* _____

(# = Must be signed personally by legal representative)

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