

**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.**



Claimant's Full Name:* _____

Claimant's Social Security Number:* _____ - _____ - _____

(Note: Records are searched by the full Social Security Number)

Employer: _____

I.C. RESPONSE/NOTE AREA:

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:*	_____

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 #/FAX #/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
 EMAIL: RECORDSMANAGEMENT@IIC.IDAHO.GOV**

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