

PARTY'S REQUEST FOR WORKERS' COMPENSATION RECORDS

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. **All information on this form is mandatory; incomplete forms will not be processed.**

Claimant's Full Name:* _____

Claimant's Social Security Number:* _____ - _____ - _____ I.C. Claim Number: _____ - _____

Date(s) of injury:* _____

Employer: _____

(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).

Records Requested:*

Claims History Search, including IC claim status for:

☐ The past 5 years. ☐ The past _____ year period.

Hard copy of Electronic First Report of Injury of:

☐ The above noted claim. ☐ All claims in requested claims history search.

Hard copy 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): _____

The undersigned party is (check all applicable boxes):*

☐ The claimant ☐ the employer ☐ the surety ☐ 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 requesting party: _____

Full name of legal representative (if applicable): _____

Mailing Address: _____

Requester's Phone: (_____) _____ Email Address: _____

Check one: ☐ I **am not** a resident of Idaho ☐ I **am** a resident of Idaho as defined in Idaho Code § 74-101(15)

I, the undersigned, confirm and agree that I will not use any public records received to create a mailing list or telephone list; that the IIC may require me to pay reasonable fees for the records as set forth in Idaho Code § 74-102; that the IIC may request my government issued photo identification to verify my identity; and that the IIC may contact me to clarify the request, provide a fee estimate, and make arrangements regarding examination or delivery of any responsive records. I declare under penalty of perjury under the laws of the State of Idaho that all of the information I have provided and statements I have made on this form are true and correct.

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

(* = Completion mandatory)

SEND THIS 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