

## CLAIMANT'S REQUEST FOR PERSONAL WORKERS' COMPENSATION RECORDS

In accordance with the provisions of Idaho Code § 74-113, the undersigned requests a copy of their own workers' compensation claims from the records of the Idaho Industrial Commission, as described below. **All requested information is mandatory; incomplete forms will not be processed.**

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

Other Names Used: \_\_\_\_\_

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

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

Phone Number:\* (\_\_\_\_\_) \_\_\_\_\_ Email address:\* \_\_\_\_\_

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

**Note: Only Hard Copy First Reports on claims closed by the Commission 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 \_\_\_\_

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 claims in requested Claims History Search.

A copy of other workers' compensation records (*specify*):

☐ Rehabilitation records

☐ Adjudication records (closed files only)

☐ Other records (*describe*): \_\_\_\_\_

The undersigned requests that this information be provided directly to (*check one*):

☐ The requesting worker as listed above.

☐ The requesting worker's authorized agent, **Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Requesting worker certifies (*check one*): ☐ I **am** a resident of Idaho ☐ I **am not** a resident of Idaho

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 not charge me any fees for records provided pursuant to this request; 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, 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 foregoing is 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