

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

In accordance with the Idaho Public Records Act (Idaho Code § 74-101, *et seq.*), the undersigned requests a copy of the records identified below.

Claimant's Full Name:\*

Claimant's Social Security Number: \* - - - - - (Note: Records are searched by the full SSN)

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

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

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**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; may require up to 10 days to process for Idaho residents or 35 days for non-residents; and may result in an invoice for labor time and costs incurred. Check one:**

☐ I authorize up to \$ \_\_\_\_\_ in costs for this request. ☐ Contact me with a fee quote prior to fulfillment.

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.

Name of party checked above\*: \_\_\_\_\_

Full name of party's legal representative: \_\_\_\_\_

Requester's Contact Information\*:

Full Name: \_\_\_\_\_

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

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

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

**Check one:** ☐ I **am** a resident of Idaho as defined in Idaho Code § 74-101(15). ☐ 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 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 on this form 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