

In Re:

Workers' Compensation

Claim of: Claimant's Name Last: _____

First: _____

REQUEST FOR CLAIMS FILE INFORMATION/PRIOR CLAIMS

I declare under **PENALTY OF PERJURY** that the information sought hereby is not for a purpose in violation of any state or federal law. I understand that I am required by law to disclose the person for whom this search request is being made, if different from myself.

This search is being made for:

Name _____ Address _____

City _____ State _____ Zip _____

Your Signature:		Printed Name		
Telephone #:	Address:	City	State	Zip

This document is considered a public record under state law.

I, _____ (name of employee), hereby designate my employer, _____ (name of employer or personnel service company), as my representative solely for the purpose of conducting a lawful search of the state workers' compensation system records for prior workers' compensation claims filed in my name, and hereby authorize my employer, _____, (name of employer or personnel service company) to conduct a search of such records.

Signed this _____ day of _____, 20_____.

Signature of Employee