

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.