

WORKERS' COMPENSATION RECORDS REQUEST FORM

Mail completed form to:

Louisiana Workforce Commission
 OWCA Records Management Section
 1001 N. 23rd Street
 P.O Box 94040
 Baton Rouge, LA 70804-9040
 Telephone No.: 225-342-7565

Status of your records request: (Office use only.)

- Will be processed.
- Is being returned. *See Section III, Page 2.*
- Has been processed. You owe a copying fee, *See Section III, Page 2.*
- Is complete. *See Section III, Page 2.*

Note: Copies of documents provided through this request shall adhere to the provisions of La. R.S. 23:1020.1, *et seq.* and La. R.S. 44:1, *et seq.*, which limits the inspection and copying of workers' compensation records. ***A \$25.00 fee is required per employee search. (Exception: Requests for LWC-WC-1002 will NOT be assessed a \$25.00 search fee.)** Copying fees are \$0.25 per page. Make all checks payable to the **OWCA Administrative Fund.**

SECTION I: TO BE COMPLETED BY REQUESTOR

1. Select all that apply:	
<input type="checkbox"/> I am the Employee OR Legal Representative of the Employee. (<i>Attach letter of representation.</i>) <input type="checkbox"/> I am the Employer/Insurer OR Legal Representative of the Employer/Insurer. (<i>Attach letter of representation.</i>) <input type="checkbox"/> I am NOT a party to a workers' compensation claim. (<i>Attach employee authorization, LWC-WC-1151.</i>) <input type="checkbox"/> I am a Prospective Employer. (<i>Attach employee authorization, LWC-WC-1151.</i>)	
2. Name of Requestor (Please Print)	3. Phone Number
4. Company Name (If Applicable)	5. Fax Number
6. Address, City, State ZIP	7. Email

SECTION II: RECORDS REQUESTED

1. Employee's Name (<i>Please use a separate form for each employee.</i>)	2. Employee's Social Security Number
3. Identify the workers' compensation claim you are requesting : <input type="checkbox"/> Workers' Compensation Claim Docket # _____ Date of Injury _____ <input type="checkbox"/> ALL cases for this injured worker. - If known, list the Docket # and Date of Injury for each claim in the Additional Comments Section , see right. <i>You will be assessed a \$25.00 search fee for each workers' compensation docket number.</i>	Additional Comments:
4. Additional records I am requesting: <input type="checkbox"/> Notice Of Payment, Modification, Suspension, Termination or Controversion of Compensation or Medical Benefits (LWC-WC-1002). <i>*Only available to Employee or Employee Representative per La. R.S. 23:1201.1. You will NOT be assessed a \$25.00 search fee for this records request.</i> <input type="checkbox"/> Other documents requested. <i>Please specify in the <u>Additional Comments</u> section.</i>	
5. Need records certified? (If certified, you will be assessed \$25.00.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

I have read and understand this form and the accompanying instructions. I certify that all information provided by me to the Office of Workers' Compensation Administration is accurate and correct to the best of my knowledge. I understand that providing false or misleading information may subject me to prosecution.

Signature of Requestor _____

Date _____

SECTION III: TO BE COMPLETED BY OWCA RECORDS MANAGEMENT SECTION

1. This records request will NOT be processed due to the following:

- \$25.00 Search fee not received.
- No Social Security Number/incomplete number.
- Employee Authorization form required.
- Incomplete information. Please provide: _____
*Your request will NOT be processed until the information is provided.

2. Your request has been processed.

_____ Pages of responsive records have been found. Please submit a check in the amount of \$_____ to the OWCA Administrative Fund. *No records will be sent until the check is received by the OWCA.

Your request has produced more than one employee claim. _____ claims have been found. Please submit a check in the amount of \$_____ to the OWCA Administrative Fund. *No records will be sent until the check is received by the OWCA.

3. Your request is complete. The records search has: No Records Found See Attached records.

Records request completed by _____

Date: _____