

## WORKERS' COMPENSATION RECORDS REQUEST FORM

**Mail completed form to:**

Louisiana Works  
 OWCA Records Management Section  
 1001 N. 23<sup>rd</sup> 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 LW-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

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

### SECTION II: RECORDS REQUESTED

<b>1. Employee's Name</b> <i>(Please use a separate form for each employee.)</i>	<b>2. Employee's Social Security Number</b>
<b>3. Identify the workers' compensation claim you are requesting :</b>  <input type="checkbox"/> Workers' Compensation Claim Docket # _____ Date of Injury _____  <input type="checkbox"/> <b>ALL</b> cases for this injured worker. - If known, list the Docket # and Date of Injury for each claim in the <u>Additional Comments Section</u> , see right. <i>You will be assessed a \$25.00 search fee for each workers' compensation docket number.</i>	<b>Additional Comments:</b>
<b>4. Additional records I am requesting:</b>  <input type="checkbox"/> Notice Of Payment, Modification, Suspension, Termination or Controversion of Compensation or Medical Benefits (LW-WC-1002). *Only available to Employee or Employee Representative per La. R.S. 23:1201.1. <i>You will <b>NOT</b> 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>	
<b>5. Need records certified?</b> (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: \_\_\_\_\_