

INFORMATION REQUEST FORM

1. Worker.

Full Name: _____
 Social Security Number: _____
 Date of Birth: _____

2. Employer.

Business Name(s): _____

3. Workers' Compensation Case(s).

File Number(s) (If Known): _____
 Date(s) of Injury (If Known): _____

4. Requestor.

Full Name: _____
 Organization (If Any): _____
 Email: _____
 Phone: _____

5. Public Information Requested (If Any).

Mark all public records you are requesting:

- Pleadings Motions Settlement applications Decisions Rulings Other described below

Describe the information you are requesting (if needed):

6. Confidential Information Requested (If Any).

Mark all confidential records you are requesting:

- First reports of injury Subsequent reports of claim activity Other described below

Describe the information you are requesting (if needed):

I may receive the requested confidential information because:

- I have included a waiver, signed by each person whose confidential information is sought, authorizing release of the information
- I am the employee whose information is filed with the Iowa Division of Workers' Compensation (DWC)
- I am a dependent of the employee whose information is filed with the DWC
- I am an attorney of the employee whose information is filed with the DWC
- I am an agent, representative, attorney, investigator, consultant, or adjuster of an employer, insurance carrier, or third-party administrator of workers' compensation benefits who is or was involved in administering a claim for such benefits related to the injury or death of the employee whose information is filed with the DWC
- I am a party to a contested case proceeding before the DWC in which the employee or dependent of the employee is a party
- The person or agent of the person who submitted the information to the DWC
- I am an agent, representative, attorney, investigator, consultant, or adjuster of an employer, insurance carrier, or third-party administrator of insurance benefits who is or was involved in administering a claim for insurance benefits related to the injury or death of the employee whose information is filed with the DWC
- I am an authorized agent of a governmental agency (identified as the "Organization" in the "Requestor" section above) that is charged with the duty of enforcing liens or rights of subrogation or indemnity.