



# IOWA DIVISION of WORKERS' COMPENSATION

## Information Request Form

Form 14-0083

### 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 Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### 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):

Under Iowa Code section 10A.333(2), 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 DWC.
- I am an attorney of the employee whose information is filed with 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 DWC.
- I am a party to a contested case proceeding before DWC.
- The person or agent of the person who submitted the information to 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 DWC.
- I am an authorized agent of a governmental agency (identified as the "Organization" in Section 4 above) that is charged with the duty of enforcing liens or rights of subrogation or indemnity.