STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

REQUEST TO VIEW A WCAB CASE FILE

Instructions: In order to view a WCAB case file, please complete and submit this form to the clerk at the front counter. Your request will be reviewed by a supervisor and you will be informed of the decision as soon as possible.

1. PLEASE COMPLETE THE FOLLOWING (Please Print):

Requester Name: _____

DWC Authorization # (if any): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Nature of requester's business: _____

2. IF YOU ARE MAKING THIS REQUEST ON BEHALF OF ANOTHER, PLEASE PROVIDE THE FOLLOWING DATA ABOUT THE PERSON OR ENTITY YOU REPRESENT:

Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Nature of business: _____

3. PLEASE PROVIDE THE FOLLOWING:

WCAB Case Number: _____

Injured Workers Name: _____

(Please complete reverse side of form) DWC Form AD-1 (New 1/96)

4. PLEASE EXPLAIN WHY YOU WANT THIS INFORMATION AND THE REASON WHY YOUR CLIENT WANTS THIS INFORMATION:

_____

_____

_____

_____

5. PLEASE READ THE FOLLOWING AND SIGN AS INDICATED BELOW.

NOTE: This Request is a Public Record. A copy of this record will be retained by the DWC District Office. By making this request you are declaring that you will not use the information you receive for illegal or unlawful purposes.

I, the undersigned, declare under penalty of perjury under the laws of the State of California, that I shall not use the information received pursuant to this request for illegal or unlawful purposes and that the foregoing is true and correct.

I agree to replace all the papers in the file in the same order and position as received. I am aware that it is a crime punishable by imprisonment to steal, secrete, remove, destroy, mutilate, deface or alter any paper in the file. (Government Code Section 6200-6201)

_____ _____

Signature Date

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(To be complete by the Division of Workers' Compensation Only)

___ Your request to view the WCAB case file has been granted.

___ Your request to view the WCAB case file has been denied because _____

_____

_____

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