Department of Inspections, Appeals, & Licensing

WORKERS' COMPENSATION DIVISION

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 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 DIAL's Workers' Compensation Division.
- ☐ I am a dependent of the employee whose information is filed with DIAL.
- ☐ I am an attorney of the employee whose information is filed with DIAL.
- ☐ 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 DIAL.
- ☐ I am a party to a contested case proceeding before DIAL.
- ☐ The person or agent of the person who submitted the information to DIAL.
- ☐ 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 DIAL.
- ☐ 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.