

THE INDUSTRIAL COMMISSION OF ARIZONA
PUBLIC RECORDS REQUEST FORM

(Further instructions are available at <https://www.azica.gov/forms/legal4402>)

A. Please select the type of record(s) requested:

- Administration
- Arizona Division of Occupational Safety & Health (ADOSH)
- Labor Division
- Workers' Compensation (You **must** complete paragraph C below if requesting workers' compensation claim records.)
- Other (explain)

B. Please describe or identify the record(s) requested. To facilitate prompt processing, provide as much information as possible. For example, a request for ADOSH records should include employer name, inspection date, accident or fatality, and/or activity number. A request for workers' compensation claim records should include claimant name, claim number, date of injury, and a description of requested records.

C. FOR WORKERS' COMPENSATION REQUESTS ONLY: Workers' compensation claim records are private and confidential. See A.R.S. § 23-908; A.A.C. R20-5-108(A). Workers' compensation claim records will only be released to an interested party to a workers' compensation claim (or their authorized representative, upon submission of a written authorization) or to a person that has received: (1) a written authorization signed by the affected claimant or the affected claimant's authorized representative or (2) a court order. See A.R.S. § 23-941(H); A.A.C. R20-5-108. If you are requesting workers' compensation claim records or information contained in workers' compensation claim records, please identify the basis for your request:

- I am the affected claimant.
- I am an authorized representative of the affected claimant (requires submission of a written authorization, see below).
- I am/was a party to a proceeding before the Commission involving the affected claimant.
- I am an authorized representative of a party to a proceeding before the Commission involving the affected claimant (requires submission of a written authorization, see below).
- I have a written authorization from the affected claimant or from the affected claimant's authorized representative (requires submission of a written authorization, see below).
- I have a court order requiring production of the requested claim records (requires submission of the court order, see below).
- Other (explain)

To facilitate processing of your request, you **must** submit copies of necessary written authorizations or court orders (along with a copy of this Request Form) to the Industrial Commission of Arizona. Please see <https://www.azica.gov/forms/legal4402> for instructions on submitting documentation to the Commission via hand-delivery, mail, or fax.

D. Please specify the intended use of the record(s). Noncommercial Use Commercial Use*

*If requested information is to be used for a commercial purpose, you **must** submit a statement setting forth the commercial purpose for which the information is to be used. Please see the second page of this form for the definition of "commercial purpose."

Statement of Commercial Purpose (including a description of any anticipated monetary gain from the sale or use of the requested record(s)):

NOTICE: Any person who obtains a public record for a commercial purpose without indicating the commercial purpose or who obtains a public record for a noncommercial purpose and uses or knowingly allows the use of such public record for a commercial purpose shall be liable for damages as set forth in A.R.S. § 39-121.03(C).

E. Please specify the manner of delivery of the requested record(s). Mail (additional fees will apply) Pick-up

F. CERTIFICATION: I have read and understand this form, including the provisions on the second page of this form. I certify that copies or reproductions of public records will not be used directly or indirectly for any purpose other than described above. I understand that I am responsible for paying all fees associated with this request before the requested records will be provided.

(Print Name)

(E-mail Address)

(Address)

(Phone Number/Fax Number)

(Signature)

(Date)