

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 requestor'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 Worker's Name: \_\_\_\_\_

(Please complete reverse side of form)

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4. Please explain why you want this information and the reasons why your client wants this information.

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5. Please read the following and sign as indicated below.

**NOTE:** This Request is a Public Record. A copy of this request 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 completed 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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