



OFFICE OF WORKERS' COMPENSATION ADMINISTRATION

**WORKERS' COMPENSATION CLAIMS SEARCH REQUEST FORM**

(Complete top portion only and fax to 225-342-7582 or mail to the P.O. Box listed at bottom of page)

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ S.S. NUMBER: \_\_\_\_\_

**OWCA CLAIMS SEARCH RESPONSE**

- 1)  The Office of Workers' Compensation Administration does not have a public record for the social security number provided.
- 2)  The Office of Workers' Compensation Administration does not have a record for the social security number provided.
- 3)  The information requested is enclosed.
- 4)  The public information available is enclosed.
- 5)  Please provide a social security number for your request.
- 6)  Copies are twenty-five cents per page. This request totals \_\_\_\_\_ pages. Please remit \$ \_\_\_\_\_ by check or money order made payable to the Office of Workers' Compensation Administrative Fund. Mail to the address listed below.
- 7)  See attached invoice.

**PLEASE RETURN A COPY OF THIS REQUEST IF PAYMENT IS REQUIRED**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Revised: 07-16-04