

STATE OF OKLAHOMA

Re Workers Compensation  
Claim of : Claimant's Name

Last: \_\_\_\_\_

First: \_\_\_\_\_

**REQUEST FOR CLAIMS FILE INFORMATION/PRIOR CLAIMS**

- By Name or  By Social Security # (Requires authorization from holder of Social Security number)

I authorize the use of my social security number to search for workers' compensation claim information:

Signature of SS# Holder: \_\_\_\_\_

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I declare under PENALTY OF PERJURY that the information sought hereby is not for a purpose in violation of any state or federal law. I understand that I am required by law to disclose the person for whom this search request is being made, if different from myself.

This search is being made for:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Use Only

<b>Your Signature:</b>			<b>Printed Name:</b> Jerry Nielson	
<b>Telephone:</b> (303) 692-8445	<b>Address:</b> 3190 S Wadsworth Blvd #260	<b>City:</b> Lakewood	<b>State:</b> Colorado	<b>Zip:</b> 80227

This document is considered a public record under state law.