

**Requisition for Workers' Compensation Court of Existing Claims File – Exempt Requestor**

Workers' Compensation Agency File #: \_\_\_\_\_ Date: \_\_\_\_\_

In Re Workers' Compensation CEC Claim of: Claimant's Name LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_

- For Review/Copy  To Administration
- To Judge \_\_\_\_\_  To Docket Office
- To Court Reporter  To Health Services Division
- To Counselor Division  To Other \_\_\_\_\_

Reason \_\_\_\_\_

**NOTICE: Do Not Remove Files From Building**

**Requestor must review and sign the reverse side of this Requisition**

Created 1-13-15

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## STATEMENT OF EXEMPTION

By signing below, the undersigned represents and acknowledges as follows: That the undersigned meets the requirements of an exemption defined by the workers' compensation laws of this state, as indicated below; That the information sought will not be used for any non-exempt purpose. Please circle the number referencing the exemption that applies.

1. Requests made by a public officer/employee in the performance of governmental duties, or as allowed by law;
2. Requests made by an insurer, self-insured employer, third-party claims administrator, or a legal representative thereof, when necessary to process or defend a workers' compensation claim;
3. Requests made by a worker or worker's representative for th worker's claim information;
4. Disclosures made for educational or research purposes, in such a manner that the disclosed information cannot be used to identify any worker who is the subject of a claim;
5. Requests made by a health care or rehabilitation provider, or legal representative thereof, when necessary to process payment for services rendered to a worker.

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Signature

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Printed Name:

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Street Address

City/State/Zip

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Phone Number

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