State of California Division of Workers' Compensation
Request for Public Records or Data

DIVISION OF WORKERS' COMPENSATION
DWC
CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS

Please use this form to request records or data maintained by the Division of Workers' Compensation (DWC). If you are requesting DWC data or records in a workers' compensation case file, please submit your request to the DWC district office on this list that is closest to you. If you are requesting DWC data or records **not** in a workers' compensation case file, please submit your completed request to DWC_PRA@dir.ca.gov**.**

DWC's Routine Exemptions from Disclosure. When it responds to a Public Records Act request (Gov. Code, § 7922.000 et seq.) for data or records in a workers' compensation case file, DWC (a) withholds all records or data that have been sealed (Cal. Code Regs., tit. 8, § 10813); and (b) redacts this information from data or records: Social Security or other taxpayer identification number (42 U.S.C. § 405(c)(2)(C)(viii)(I)); driver's license number (Veh. Code, § 1810); residential address (Lab. Code, § 138.7); health insurance policy, financial account, and insurance claim numbers; dates of birth; minor's name; and individual's personal contact information (Gov. Code, § 7927.700).

Note: If you are a party/party representative to the workers' compensation case whose data or records you are requesting, or a law enforcement agency, please check the box below.* DWC will provide the requested case data or records to you pursuant to Labor Code section 138.7, not under the PRA. Please review Labor Code section 138.7 for restrictions governing your use of such information.

Requester Information
☐ ***Please check here if you are a party/party representative to the case whose records you are requesting***

Name: _____

Company: _____

DWC Authorization Number: _____

(Copy, Legal, & Investigative Services)

Representing: _____

Business Address: _____

City, State, ZIP Code: _____

Telephone/Fax: _____

Email: _____

Are you requesting these records to conduct a Pre-Employment Screening?   Yes   No
(If yes, DWC must notify the injured worker of your request.)   ☐   ☐

If your request is for individually identifiable information, please state the purpose for which that information will be used, and provide proof of your identity and your address.

Description of Records Requested/Initial Contact with Requesting Party: ☐ Inspection   ☐ Copying

DWC Case No.: _____

Injured Workers Name: _____

Other: _____

Name of DWC Employee-Initial Contact: _____