

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

REQUEST FOR COPY OF BOARD RECORDS

A minimum charge of \$10.00 will be incurred for 10 copies or less, with a charge of \$0.50 for each additional copy. All coverage information is certified with a \$10.00 charge for certification.

Board Claim No.	Employee Last Name	Employee First Name	M.I.	Social Security Number	Date of Injury
-----------------	--------------------	---------------------	------	------------------------	----------------

A. TYPE OF COPIES
<input type="checkbox"/> Current Case
<input type="checkbox"/> Priors
<input type="checkbox"/> Certified Copy
<input type="checkbox"/> Subsequent

B. REQUEST COVERAGE INFORMATION		
Employer Name		
Doing Business At:		
Address		
City	State	Zip Code

C. CERTIFICATION		
<input type="checkbox"/> I hereby certify that I have this day mailed a copy of this form to all of the parties to this claim, and have sent this form to the State Board of Workers' Compensation, 270 Peachtree Street, NW, Atlanta, GA 30303-1299, this _____ Day of _____ / _____ (Day) (Month) (Year)		
Name	Law Firm or Company	
Signature	<input type="checkbox"/> Party <input type="checkbox"/> Attorney for (Please Name)	
Phone and Ext.	E-mail	GA Bar Number

ADDRESS LABEL
In this space type the address to which you want these copies mailed.

FOR BOARD USE ONLY	
Do not write in this space	
Invoice Date	Invoice Number
Number of Pages	Copied By:
Additional Board Claim Numbers	Additional Dates of Injury

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.ga.gov>
 WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).