

# 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.  
To cancel a request please call 404-656-2924

Board Claim No.	Employee Last Name	Employee First Name	M.I.	Date of Injury
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A. TYPE OF COPIES			
Date of Birth:			
<input type="checkbox"/> Certified Copy (Additional \$10 charge for each certified copy)			
<input type="checkbox"/> Current Case	<input type="checkbox"/> Priors	<input type="checkbox"/> Subsequent	
<input type="checkbox"/> Other			

B. REQUEST FOR CERTIFIED EMPLOYER INSURANCE COVERAGE INFORMATION			
(All Insurance coverage information is certified with an additional \$10.00 charge for certification)			
Employer Name		Doing Business As:	
Address	City	State	Zip Code

C. CERTIFICATION			
<input type="checkbox"/> I hereby certify that I have this day sent a copy of this form to all of the parties to this claim, and have filed 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		Party for	
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 <https://sbwc.georgia.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).