

WC-12 REQUEST FOR COPY OF BOARD RECORD

New Step-by-Step Instructions
2026

TRAINING OBJECTIVES

FILING A WC-12

WC-12 PART A SELECTION

FULLFILLED WC-12

WC-12 PART B SELECTION

PAY WITH CARD

PAY WITH ACH

LOG-IN PROCESS

- Users will log into ICMS using their current credentials
- Underneath the claim menu select Search Existing Claim



Search Existing Claim

File New Claim

Submit Attorney Documents

Welcome -

Role: Attorney

FILING A WC-12

- Users must search for claims using at least one search criteria: SBWC Claim Number, Date of Injury, Claimant First Name, Claimant Last Name, Date of Birth, and/or County of Injury.
- Once user has entered appropriate search criteria, results will be displayed below. Locate the Claim Number and click on Submit Forms.

Search Existing Claim

Search

Claim Number:

Date Of Injury:

Claimant First Name:

Claimant Last Name:

Date Of Birth:

County Of Injury:

#	Claim No	Claimant Name	Date Of Injury	County Of Injury	Date Of Birth	Submit Forms
1	2024-004772	TESTT TESTT	01/01/2024	HALL	01/01/2000	Submit Forms / Submit Non Forms



FILING A WC-12

- Click on WC-12 Request for Copy of Board Record

Submit Forms

[← Back](#)

Claim No: 2024-004772
Claimant: [TEST, TEST](#)
Date Of Injury: 01/01/2024
ALJ: DAVID IMAHARA

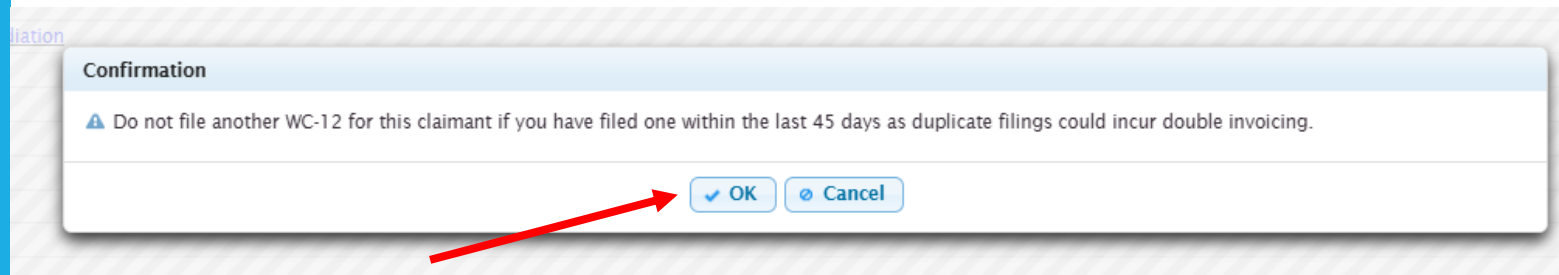
County Of Injury: HALL
Date Of Birth: 01/01/2000
Claim Status: Open
Catastrophic: No

Party Information	
Party Type	Party Name
Attorney	DAVID IMAHARA
Employer	TESTEMPLOYER

Form Types	
#	Form Name
1	WC-1, Employers First Report of Injury
2	WC-2, Notice of Payment or suspension of benefits
3	WC-2A, Notice of payment or Suspension of Death Benefits
4	WC-3, Notice To Controvert
5	WC-4, Case Progress Report
6	WC-6, Wage Statement
7	WC-12, Request for Copy of Board Record
8	WC-14, Notice of Claim/Request for Hearing/Request for Mediation

FILING A WC-12

- A statement will appear informing users not to file a WC-12 for the same claimant within a 45-day period as this may incur duplicate invoicing.
- Select OK



WC-12 PART "A" SELECTION — TYPE OF COPIES

- If part "A" is selected, users must choose Yes/No to certify the document question.
- Users must then select the type of copies they are requesting; Current Case, Priors, Subsequent or Other.

WC-12, Request for Copy of Board Record

[← Back](#)

Claim Information

Claim No:	2024-004772	County Of Injury:	HALL
Claimant:	TESTT, TESTT	Date Of Birth:	01/01/2000
Date Of Injury:	01/01/2024	Catastrophic:	No
ALJ:	DAVID IMAHARA		

Party Information

#	Party Type	Party Name	Parent Party
1	Claimant	TESTT, TESTT	
2	Employer (Self Insurer)	TESTEMPLOYER	
3	Attorney	DAVID IMAHARA	TESTEMPLOYER

Request for Copy of Board Records

Identifying Information

Date of Birth:

A. TYPE OF COPIES

Do you want a Certified Copy? * Yes No


Current Case

Priors

Subsequent

Other

Comments:



WC-12 PART "A" SELECTION — CERTIFY FORM

- Certify the form
- Select the Party that is making the request from the drop-down menu
- Click Submit

C. CERTIFICATION

I hereby certify that I have this day sent 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.

Name: * ①

Law Firm Or Company: *

Party for: * ②

Phone: * Ext:

Email: *

GA Bar Number:

Address

Name: *

Address 1: *

Address 2:

City: *

State: *

Zip: * Ext:

ADD ADDITIONAL BOARD CLAIM NUMBERS

#	Claim No	Claimant Name	Date Of Injury
No records found.			

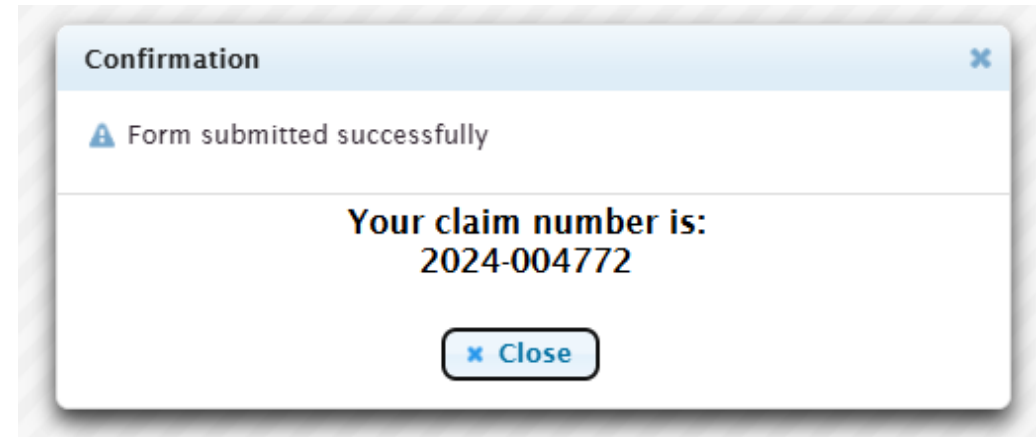
Attachments

#	DocId	Document Name
No records found.		

③

WC-12 PART “A” SELECTION

- After submitting the form, a confirmation message box will appear.
- Select Close.



PROCESSED WC-12 (PAYMENT NEEDED)

- Once the Board has processed the WC-12 request, the user will receive an invoice via email and a scrolling message after login, making them aware of the outstanding invoice
- If invoices are not paid before the 10th day, the WC-12 request will be canceled



Please click on Board Invoices to review and complete your payment.

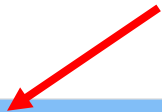


Welcome -

Role: Attorney

PROCESSED WC-12 (PAYMENT NEEDED)

- Users must select Board Invoices to view any outstanding, paid or in progress invoices
- Invoices can be searched by Claim Number, Invoice Number, Date, Invoice Type or Invoice Status



Board Invoices

← Back

Search Board Invoices

Claim No:	<input type="text"/>	Invoice Number:	<input type="text"/>
From Date:	<input type="text"/>	To Date:	<input type="text"/>
Invoice Type:	-- Select --	Invoice Status:	-- Select --

✕ Reset

Search

- Select --
- Paid
- Processing
- UnPaid
- Voided
- Waived

PROCESSED WC-12 (PAYMENT NEEDED)

- Once invoice has been found, users may view the invoice, Pay with Card or Pay with ACH

Board Invoices

[← Back](#)

Search Board Invoices

Claim No: Invoice Number:

From Date: To Date:

Invoice Type: Invoice Status:

[✖ Reset](#) [🔍 Search](#)

Board Invoices Results

1-4 of 4 1 10

#	Claim No	Invoice Number	Claimant Name	Invoice Type	Invoice Amount	Pay Status	Invoice Date	Board Invoice	Pay with Card	Pay with ACH
1	2024004772	2981195	TESTT TESTT	WC-12	\$13.00	UnPaid	06/27/2026	View Invoice	Pay with Card	Pay with ACH
2	2024004772	2981194	TESTT TESTT	WC-12	\$23.00	UnPaid	06/27/2026	View Invoice	Pay with Card	Pay with ACH
3	2024004772	2981174	TESTT TESTT	WC-12	\$10.00	Processing	06/24/2026	View Invoice		
4	2024004772	2981023	TESTT TESTT	WC-12	\$21.00	Unpaid	05/14/2026	View Invoice	Pay with Card	Pay with ACH

1-4 of 4 1 10

WC-12 PART “B” SELECTION

- If user selects part “B”, all required information must be completed & user must choose a payment method.

B. REQUEST CERTIFIED EMPLOYER INSURANCE COVERAGE INFORMATION

All insurance coverage information is certified with an additional \$10.00 charge for certification

Employer Name:

Doing Business At:


Address:

City:

State:

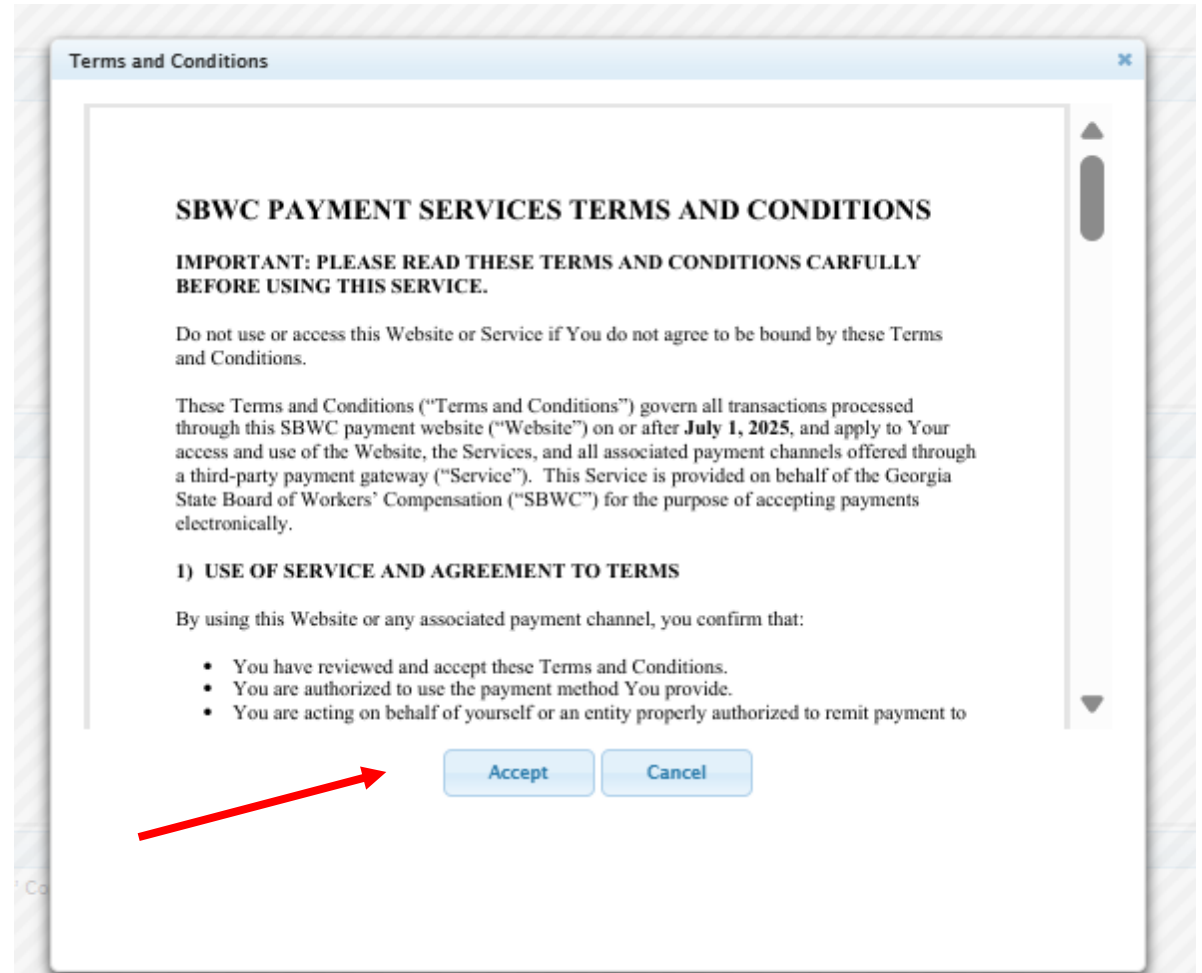
Zip: Ext:

Payment:



WC-12 PART “B” SELECTION — PAY WITH CARD

- If Pay with Card is selected, a Terms and Conditions document will appear.
- Please review and then click Accept to move on to the payment site.
- Note: A service fee will apply to all credit cards





WC-12 PART "B" SELECTION — PAY WITH CARD

- Please complete all the required fields
- Click Next

Billing

Payment

Review

Receipt

Billing Information

* Required field

First Name *

Last Name *

Company Name *

Address Line 1 *

Address Line 2

City *

Country/Region *

State/Province *

Zip/Postal Code *

Phone Number *

Email *

Your Order

Total amount

\$10.00



Next

WC-12 PART “B” SELECTION — PAY WITH CARD



Billing

Payment

Review

Receipt

Review your Order

Billing Address

Edit Address

TEST TEST
TEST COMPANY
270 PEACHTREE ST
ATLANTA
Georgia
30303
United States of America

Payment Details

Edit Details

Card Type Visa
Card Number xxxxxxxxxxxx1111
Expiration Date 04-2029

Your Order

Subtotal	\$10.00
Service fee	\$0.32
Total amount	\$10.32

By clicking Pay, I agree to the [Service Fee Terms & Conditions](#)

Back

Pay

[Cancel Order](#)

- Review your order
- Make any needed changes via
 - Edit Address
 - Edit Details
- Click Pay

WC-12 PART B SELECTION — PAY WITH CARD

- A Payment Confirmation page will appear
- Note Acknowledgement Number & Transaction ID for future reference
- Once complete, click Go Back to ICMS

Payment Confirmation


✓ Payment processed successfully!

Payment Information

Invoice Number	Amount Paid	Payment Method	Payment Status
2981174	\$10	Credit Card	Success

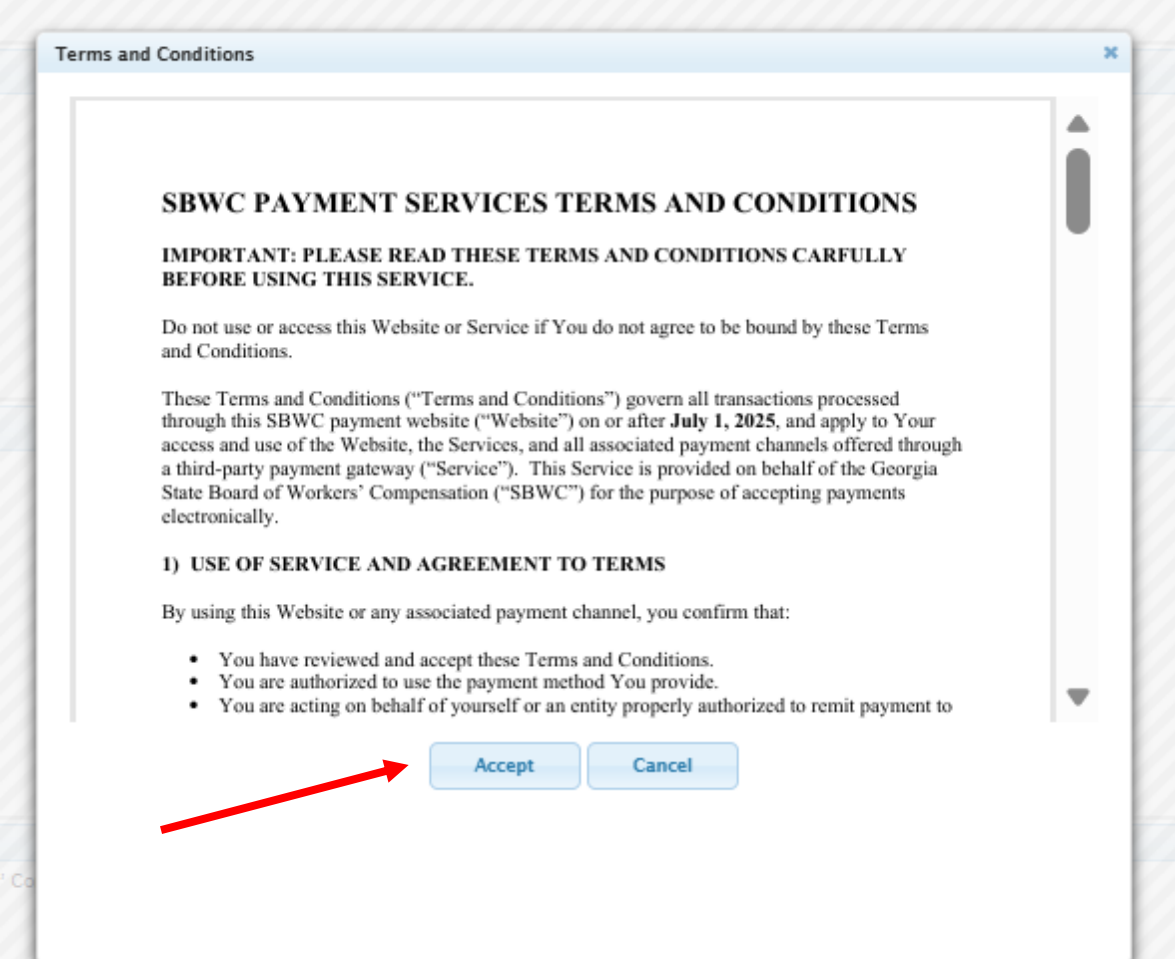
Acknowledgement Number: 7823205413696694004008

Transaction ID: 7823205413696694004008

 [Go Back to ICMS](#)

WC-12 PART “B” SELECTION — PAY WITH ACH

- If Pay with ACH is selected, a Terms and Conditions document will appear.
- Please review and then click Accept to move on to the payment site.



The screenshot shows a dialog box titled "Terms and Conditions" with a close button in the top right corner. The main content area contains the following text:

SBWC PAYMENT SERVICES TERMS AND CONDITIONS

IMPORTANT: PLEASE READ THESE TERMS AND CONDITIONS CAREFULLY BEFORE USING THIS SERVICE.

Do not use or access this Website or Service if You do not agree to be bound by these Terms and Conditions.

These Terms and Conditions ("Terms and Conditions") govern all transactions processed through this SBWC payment website ("Website") on or after **July 1, 2025**, and apply to Your access and use of the Website, the Services, and all associated payment channels offered through a third-party payment gateway ("Service"). This Service is provided on behalf of the Georgia State Board of Workers' Compensation ("SBWC") for the purpose of accepting payments electronically.

1) USE OF SERVICE AND AGREEMENT TO TERMS

By using this Website or any associated payment channel, you confirm that:

- You have reviewed and accept these Terms and Conditions.
- You are authorized to use the payment method You provide.
- You are acting on behalf of yourself or an entity properly authorized to remit payment to

At the bottom of the dialog box, there are two buttons: "Accept" and "Cancel". A red arrow points to the "Accept" button.



WC-12 PART "B" SELECTION — PAY WITH ACH

- Please complete all the required fields
- Click Next

Billing

Payment

Review

Receipt

Billing Information

* Required field

First Name *

Last Name *

Company Name *

Address Line 1 *

Address Line 2

City *

Country/Region *

State/Province *

Zip/Postal Code *

Phone Number *

Email *

Your Order

Total amount


\$10.00



Next

WC-12 PART “B” SELECTION — PAY WITH ACH

- Please complete all the required fields
- Click Next

 STATE BOARD of WORKERS' COMPENSATION WC-12 PAYMENTS

Billing **Payment** Review Receipt


Payment Details

* Required field

Routing Number *

Account Number *

Account Type *



[Cancel Order](#)

Your Order

Total amount	\$10.00
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WC-12 PART “B” SELECTION — PAY WITH ACH



Billing

Payment

Review

Receipt

Review your Order

Billing Address

Edit Address

TEST TEST
TEST COMPANY
270 PEACHTREE ST
ATLANTA
Georgia
30303
United States of America

Payment Details

Edit Details

Routing Number xxxxx6789
Account Number xxxxx6789
Account Type Checking

Your Order

Total amount \$10.00

By clicking Pay, I agree to the [Electronic Check Terms & Conditions](#)

Back

Pay

[Cancel Order](#)

- Review your order
- Make any needed changes via
 - Edit Address
 - Edit Details
- Click Pay

WC-12 PART “B” SELECTION — PAY WITH ACH

- A payment confirmation page will appear
- Note Acknowledgement Number & Transaction ID for future reference
- Once complete, click Go Back to ICMS

Payment Confirmation


✓ Payment processed successfully!

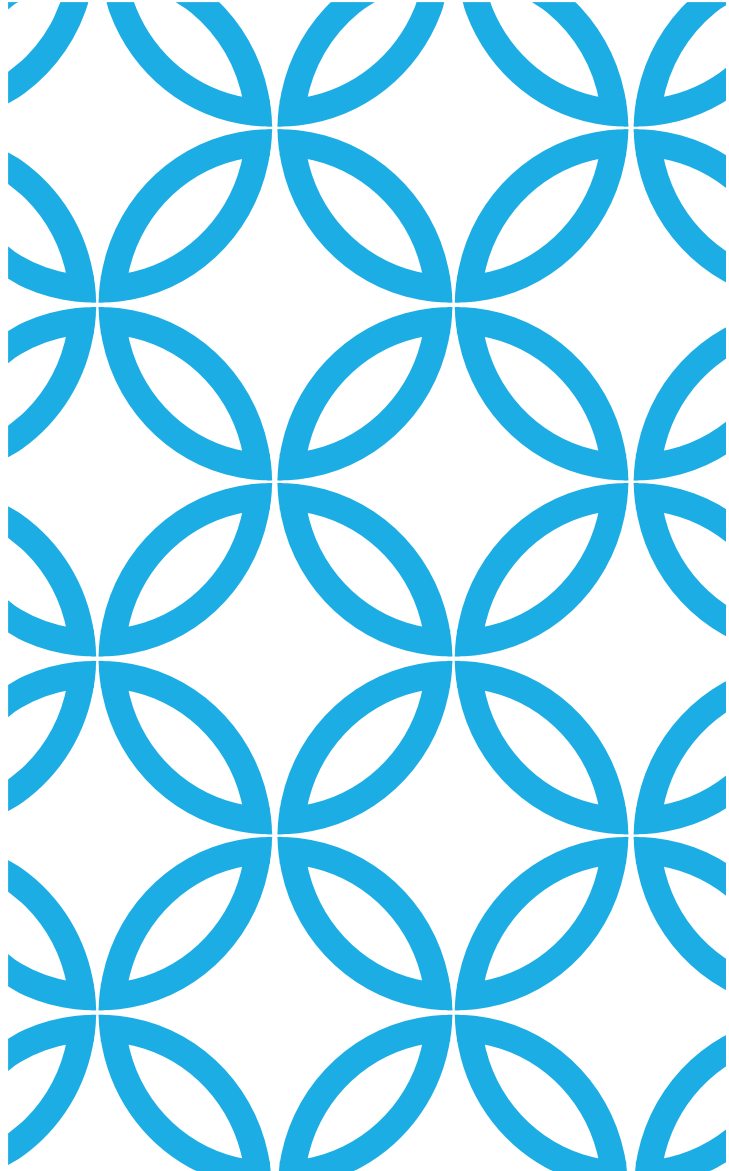
Payment Information

Invoice Number	Amount Paid	Payment Method	Payment Status
2981174	\$10	ACH/eCheck	Success

Acknowledgement Number: 7823209207456699804009

Transaction ID: 7823209207456699804009

 [Go Back to ICMS](#)



THE END

GEORGIA STATE BOARD OF WORKERS' COMPENSATION
2026