

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
REQUEST FOR COPY OF BOARD RECORDS**

Date: _____
Employee Name: _____
Employee's SSN: _____
Injury Date: _____

FOR BOARD USE ONLY

Invoice Date: _____
Invoice Number: _____
Number of Pages: _____
Copied By: _____

PLEASE INDICATE TYPE OF COPIES:

<input type="checkbox"/> Current Case and Priors	<input type="checkbox"/> Regular Copy of File	
<input type="checkbox"/> Priors Only	<input type="checkbox"/> Certified Copy of File	
<input type="checkbox"/> Other	<input type="checkbox"/> Certified Copy of Award of Judge	
		Dated _____
	<input type="checkbox"/> Certified Copy of Order of Judge	
		Dated _____

IF REQUESTING COVERAGE INFORMATION (All coverage information is certified. \$7.00 charge for certification)

Employer's Name: _____
Doing Business As: _____
Address: _____

PLEASE TYPE OR PRINT THE FOLLOWING:

NAME: _____
Law Firm or Company: _____
☐ Party ☐ Attorney for (Please Name): _____
Signature: _____
Phone: _____ Extension () _____

A minimum charge of \$7.00 will be incurred for 10 copies or less, with a charge of \$.50 for each additional copy.
There is a \$7.00 charge for certification. To cancel a request, please call (404) 656-2924 to avoid any charges.

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).

Address Label:

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

Certification – 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 _____.

print name

signature