



LOUISIANA WORKS
DEPARTMENT OF LABOR

Kathleen Babineaux Blanco
Governor

John Warner Smith
Secretary

OFFICE OF WORKERS' COMPENSATION ADMINISTRATION

WORKERS' COMPENSATION CLAIMS SEARCH REQUEST FORM

(Complete top portion only and fax to 225-342-7582 or mail to the P.O. Box listed at bottom of page)

COMPANY NAME: _____

COMPANY ADDRESS: _____

FAX NUMBER: _____ PHONE NUMBER: _____ EMAIL: _____

APPLICANT NAME: _____ S.S. NUMBER: _____

OWCA CLAIMS SEARCH RESPONSE

- 1) The Office of Workers' Compensation Administration does not have a public record for the social security number provided.
- 2) The Office of Workers' Compensation Administration does not have a record for the social security number provided.
- 3) The information requested is enclosed.
- 4) The public information available is enclosed.
- 5) Please provide a social security number for your request.
- 6) Copies are twenty-five cents per page. This request totals _____ pages. Please remit \$ _____ by check or money order made payable to the Office of Workers' Compensation Administrative Fund. Mail to the address listed below.
- 7) See attached invoice.

PLEASE RETURN A COPY OF THIS REQUEST IF PAYMENT IS REQUIRED

Name

Date

Revised: 07-16-04