STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner

REQUEST for FILE RECORD COPIES

Board of Review
P.O. BOX 2628
Charleston, WV 25329-2628
Phone: 304-558-5230
Fax: 304-558-1322

Board of Review

(Please Print)

Requester Information:		**Requested Claimant or Employer Information:**	
Name:		Claimant or Employer Name:	
Company:		Claim or Risk#:	
Address:		Date of Injury:	
City/State/Zip:		Date of Birth:	
Phone:		SSN or FEIN#:	

PLEASE NOTE:

- Pursuant to W.Va. Code §23-1-4, records in the possession of the Offices of the Insurance Commissioner (OIC), including Board of Review (BOR) records, regarding workers' compensation claims are **confidential**. Only claimants or other interested parties to a workers' compensation claim may obtain confidential records from the OIC or BOR and only to the extent necessary for the proper defense or presentation of a workers' compensation claim. **If you are not a party to the claim, you may not use this form to request records.**
- A separate "Request for File Record Copies" form must be completed **for each file requested**. Requests containing multiple claimants or employers will be returned.
- Documents obtained through this request **only include** records filed with the BOR. To obtain documents from the OIC's Documents and Imaging Services division, please complete the Documents & Imaging Services request form available on the OIC's web site.
- Responsive information will be produced on an encrypted CD. Records held by our office may be digitally imaged.
- Please allow **at least 10 business days** from the date of receipt for completion of the request.
- If you are seeking records but are not a party to the claim, you must obtain a subpoena as set forth in W.Va. Code §23-1-4. The OIC or BOR will comply with a properly issued subpoena duces tecum provided that the issuing tribunal or court take actions necessary to maintain the confidentiality of such records.

Please provide the reason for this request below:

Requester's Signature: ______________________ Date: ____________

Requester's Email: ______________________

Relationship to the Claimant or Employer: ______________________