

STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DISABILITY COMPENSATION DIVISION  
830 PUNCHBOWL STREET, ROOM 209  
HONOLULU, HAWAII 96813  
TELEPHONE NO.: 586-9161; FAX NO.: 586-9219

REQUEST FOR INFORMATION OR PHOTO COPIES

NAME OF CLAIMANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

NUMBER OF PHOTO COPIES DESIRED: \_\_\_\_\_

PURPOSE OF REQUEST:

**\*PLEASE ATTACH CLAIMANT'S AUTHORIZATION TO RELEASE INFORMATION\***

Request by: \_\_\_\_\_ Date: \_\_\_\_\_

Firm: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address:  
\_\_\_\_\_

**\*YOU WILL BE CONTACTED WHEN INFORMATION IS AVAILABLE\***

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