

DIA FILE REQUEST

Please fill out this information as fully as possible.

TO: The Keeper of Records
 Dept. of Industrial Accidents
 Lafayette City Center
 2 Avenue de Lafayette
 Boston, MA 02111-1750

Requesting Party: Injured Worker/Employee
 Employee’s Counsel: Current or Former
 Insurer’s Counsel
 3rd Party Representative: _____
(Name of 3rd Party)
 Other: _____
(Please Specify)

PLEASE NOTE: If you are not listed in our records as a party to the case you wish to view and/or obtain copies of documents from, we will need a signed authorization from the Employee.

Name of Requester: _____
 Address of Requester: _____

 Telephone Number: _____
 Date Requested: _____

Employee Name: _____
 Address: _____

 Soc. Sec. # (if known): _____
 Date(s) of Injury: _____
 DIA #(s) (if known): _____
 Employer(s): _____
 Workers’ Comp. Insurer: _____

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Please add any additional information you may have that will help us in locating the file.

I Am Requesting:

- Access to view the workers' compensation record(s)
(Please be advised that after viewing a file, it may not be possible to obtain file copies the same day)

- A copy of the entire file(s)

- A copy of the Lump Sum Settlement

- A copy of a specific form/document, i.e., Employer's First Report of Injury ,
Employee's Claim, Agreement to Pay Compensation, Conference Order, Hearing
Decision, etc.

(Specify Form/Document)

(7/2019)