



WORKERS' COMPENSATION BACKGROUND INFORMATION

(866) 954-3000

www.ddi-incorporated.com

State	Type of Claim Reported	Data Reported	Years	Updated	Release	Turnaround Time (days)	State Fee
Alabama	1 st reports of injury	Employee info DOI	7 years	Daily	Standard release; notarized must say "workers comp"	5-7	\$8.00
Alaska	1 st reports of injury	Name, SSN & Type of injury	7 years	Daily	None	2-8	N/A
Arizona	1 st reports of injury	Name, employer, DOI, carrier and case number	7 years	Daily	None	1-3	N/A
Arkansas	1st reports of injury	Name, SSN, status, DOI, nature of injury, employer	7 years	Daily	None	1-2	\$5.00
California	Claims that have gone to the appeals board	DOI, body part, nature of injury, claim #, employee name, insurance information	7 years	Daily	None	1-2	N/A
Colorado	3+ days of lost time, some medical claims	Name, SSN, claim #, body part, DOI, employer	7 years	Daily	Special state form; notarized, notary and requested cannot be same person.	1-3	N/A
Connecticut	1 st reports of injury claim filed within last 7 years	Depending on what is available, employee info, type of injury, DOI, no medical information provided.	7 years	Daily	Special state form plus conditional job offer; original signature required.	10-14	N/A
Delaware	Not available						
District of Columbia	1 st reports of injury	DOI, number of claims	7 years	Daily	Standard release	3-5	N/A
Florida	Claims w/ 7 days of lost time or a disability rating, some medical claims	Name, SSN, claim #, type of injury, DOI, employer, insurance information, payment information	7 years	Daily	None	1-2	N/A
Georgia	Not available						
Hawaii	Not available						
Idaho	1 st reports of injury claim filed within last 5 years	Name. claim #, type of injury, DOI, employer, insurance information, payment information	5 years	Daily	Special state form plus conditional job offer; original signature required	3-5	N/A
Illinois	Pending and settled cases	Employee information, DOI, type of injury	7 years	Daily	Requires DOB	1-2	N/A
Indiana	Not available						
Iowa	1 st reports of injury	Employee information, insurance Co, DOI disability date, payment information, litigation information	7 years	Quarterly	None	1-2	N/A
Kansas	1 st reports of injury and closed claims	Employee information, type of injury, DOI, body part, nature of injury	7 years	Daily	Special state form	3-5	N/A



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Kentucky	1 st reports of injury, body parts, settlement	Name, SSN, employers name, nature of injury, date of claim, outcome	7 years	Daily	None	7-10	N/A
Louisiana	Adjudication claims	Order, decisions and awards signed by judge	7 years	Daily	None	10-12	N/A
Maine	Not available						
Maryland	Lost time claims only	Name, SSN, claim #, DOI, employer, type of injury	7 years	Yearly	None	1-2	N/A
Massachusetts	1 st reports of injury	Name, SSN, claim #, nature of injury, lost time, balance paid, body part, DOI	7 years	Daily	Standard release	7-10	N/A
Michigan	Contested claims, amount paid, litigation status	Employee information, DOI	7 years	3 time per year	None	1-2	N/A
Minnesota	1 st reports of injury	Name, SSN, nature of injury, DOI, employers name	7 years	Daily	Standard release	2-10	N/A
Mississippi	1 st reports of injury, date returned to work	Name, SSN, injury, DOI, employers name, type of injury	7 years	Quarterly	None	1-2	N/A
Missouri	1 reports of injury	Name, SSN DOI, employer, type of injury, payment information	7 years	Daily	Special original state form, notarized	2-4	\$5.00
Montana	Not available						
Nebraska	Not available						
Nevada	Claim history, DOI, employer, amount paid, # of claims	DOI, body part, claim type	7 years	Daily	standard release notarized	5-7	N/A
New Hampshire		DOI, body part, employer, other information as available	7 years	Daily	Standard release	15-20	N/A
New Jersey	Not available						
New Mexico	Privately contributed data and some court records	Name, DOI, body part, lawsuits, case #, settlements	7 years	Daily	None	1-2	N/A
New York	Not available						
North Carolina	Not available						
North Dakota	1 st reports of injury	Name, SSN, claim #, DOI, employer, type of injury	7 years	Daily	Standard release	3-5	N/A
Ohio	7 + days of lost time, amount paid	SSN, claim #, employer name, address, type of injury, DOI	7 years	Daily	None	1-2	N/A
Oklahoma	1 st reports of injury	Claim #, employer, body part, DOI, nature of Injury, payment information	7 years	Daily	None	1-2	N/A



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Oregon	Not available						
Pennsylvania	1 st reports of injury	Employer, DOI, type of injury, other information as available	7 years	Daily	Special state form; original signature required	30-35	N/A
Rhode island	Not available						
South Carolina	1 st reports of injury	Employee information, employer, time lost, payment information, county, type of injury	7 years	Daily	Standard release must say "workers comp"	2-3	\$6.00
South Dakota	1 st reports of injury	Claim #, employer, body part, DOI	7 years	Daily	Standard release must say "workers comp"	7-12	N/A
Tennessee	1 st reports of injury	Body part, employer, claim #, DOI	7 years	Daily	Special state form	7-10	\$5.00
Texas	Privately contributed data and some court records	Name, DOI, body part, lawsuits, case #, settlements	7 years	Daily	None	1-2	N/A
Utah	1 st reports of injury, amount paid	DOI, employer, body part, type of injury	7 years	Daily	Standard release notarized and conditional job offer	5-10	N/A
Vermont	1 st reports of injury	Name, state file #, employer, DOI, type of injury, Insurance company information, phone #	7 years	Daily	Standard release notarized	1-14	N/A
Virginia	1 st reports of injury	Name, employer, insurance company, amount paid	7 years	Daily	Standard release notarized	14-28	\$10.00
Washington	Not available						
West Virginia	Not available						
Wisconsin	Not available						
Wyoming	Lost time claims only	DOI, body part, employer, payment information	7 years	Daily	Standard release, original signature required	7-10	N/A