



State of Ohio
Workers' Compensation Court

Date: _____

I, _____, am authorizing Applicant Insight to conduct a workers compensation case search, in search of any and all inquiries reported on my behalf to Ohio State Workers' Compensation Court, in compliance with the Federal American Disabilities Act.

Thank You,

Name: _____

AKA: _____

Social Security Number: _____

DOB : _____

Signature: _____