

Freedom of Information Act (FOIA) Information

The user will click the FOIA request link to access the FOIA form (<https://iwccsip.dynamics365portals.us/foia/>).

The screenshot shows the 'FOIA Request' form from the Illinois Workers' Compensation Commission. The form is titled 'FOIA Request' and has a progress bar at the top showing 0%. The form is divided into a 'General' section. The 'Name' field contains 'Janice Smith'. The 'Address Line 1' field contains '444 State Street'. The 'Address line 2' field is empty. The 'City' field contains 'Springfield', the 'State' field contains 'Ill', and the 'Zip' field contains '60629'. Below the address fields, there is a note: 'If you request hard copy files by mail, you may be required to pay a copying fee before the Commission will provide these records. Files provided by email will not be subject to any fees. Please provide an email address or check the box to confirm you are willing to pay any fees associated with this request.' There is a checked checkbox labeled 'I am willing to pay any fees associated with this request'. The 'Requestor Email Address *' field contains 'mcdfad1+Janicesmith@gmail.com'. The 'Phone' field is empty. At the bottom right, there are two buttons: 'Exit' and 'Save & Next'.

The form contains basic information that allows the IWCC FOIA staff to accurately capture the details of the request. Notice there is only one required field in the above screenshot: the *Requestor Email Address*. This allows IWCC to contact the requestor when necessary. Once the form is filled out, the user clicks *Save & Next*.

The next screen is where the details of the request will be put into the form. Click the *Add FOIA request details* button.

FOIA Request

100%

Records Requested

**Provide as much detail as possible so the Commission can identify the information you are seeking. If you are requesting files or documents associated with an IWCC case, please use the case number field, below.*

FOIA Request Details

Add FOIA request details

Case Number ↑ Requested Document

There are no records to display.

NOTE: It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose if requested to do so by the public body. (5 ILCS 140/3.1) (c)

Are you asking for these records for commercial use/purposes?

No Yes

A new window opens for adding *Case Number*, *Requested Document* type (see the dropdown in the screenshot), and a free form text box to allow for any details needed for successful fulfillment of the request. The case number is only needed if applicable to a case. It is a mandatory field, but N/A is an acceptable entry. Click *Save* when this page is completed.

FOIA Request Details

Enter the case number if this request is applicable to a case, otherwise, enter N/A

Case Number * WC11111

Requested Document Application

Records Requested

Save

Let the IWCC know if your request is for a commercial or non-commercial purpose by selecting the radio button that is applicable.

Are you asking for these records for commercial use/purposes?

No Yes

FOIA Documents

NOTE: Documents containing certain personally identifiable information as identified in Section 7 of FOIA (SSN, DOB, Home Address, Phone Number, etc.) will be redacted unless you provide a valid HIPAA release or court order directing the release of such personal information. If you have a valid release, please upload the document here.

Attach Documents

Document Type Created On ↓

There are no records to display.

XY-XQ6C
Generate a new image
Play the audio code

Enter the code from the image

Previous Exit Submit to IWCC

Attach documents, if necessary, by clicking the *Attach Documents* button. A code displays at the bottom left of the request form. Enter the letters/numbers into the box and click *Submit to IWCC* when finished.

An email confirmation is sent to the requestor letting them know the request has been received by the IWCC and will be responded to according to the Freedom of Information Act.

