

**ADVISORY NO. 155**

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**TOPIC: TWCC-153, TWCC-155 and TWCC-161 FORMS**

Attached for your use are TWCC-153/Request for Copies of Confidential Claim/Hearing Files and TWCC-155/Request for Record Check.

TWCC-161 (attached hereto) is a sample only and may be obtained from the Self-Insurance Division of the Texas Workers' Compensation Commission

If you have any questions regarding the above-referenced TWCC forms, you may call Forms Management at (512) 440-3893.