Case File Transfer

Transfer requested by: ____________________________

Authorized Signature ____________________________ Date of Request ________________

Section A - Identification and Administration

1. Type of Transfer
   - □ Permanent   - □ Loan

2. Case File Number(s)
   Number of Parts: __________

3. Claimant Name: ____________________________

4. Type of Case:
   - □ Disability   - □ Federal Death   - □ Schedule Award

   5. Date of Injury/Death: ________________

6. Transfer From:
   District Office Number: ____________________________

7. Transfer To:
   District Office Number: ____________________________

8. Reason for Transfer: ____________________________

9. If requested by Nation Office, complete the following:
   Requested by: ____________________________ Date of Request: ________________
   □ Telephone   □ Memo/letter   □ ADP

   Case directed to:
   - □ Director, OWCP
   - □ Associate Director for FEC
   □ Branch of Hearings and Review
   □ Employee Compensation Appeals Board

Section B - Electronic Record Transfer

10a. Electronic Case Management File(s) Transmitted on: ____________________________

   Case File Transmittal Sheet (Form CA-67) Number: ____________________________

   □ Electronic Automated Compensation Payment System File

   Transmitted on: ____________________________ Batch Identification Number: ________________

10b. Authorized Signature: ____________________________ 10c. Date Authorized: ________________

Section C - Return of Loaned Case

11a. Return Loaned Case to District Office Number: ____________________________

   11b. Authorizing Official: ____________________________ 11c. Date Authorized: ________________

12. Electronic Case Management File Returned on: ____________________________

   12a. Authorized Signature: ____________________________ 12b. Date Authorized: ________________

Form CA-58
Rev. Apr. 1986