

## **Republic of the Philippines** Office of the Ombudsman

## Agham Road, Diliman, Quezon City REQUEST FOR CASE INFORMATION (VERIFICATION SLIP) TO BE ACCOMPLISHED BY THE REQUESTER Date: Name of Requester: Middle Name Suffix e.g. Jr, III First Name Last Name Sex: Signature: Type of Requester (Please check the appropriate box) Complainant Counsel for: Name of Party (Requirements: copy of Entry of Appearance with Conformity of Party/ies Respondent or copy of Entry/date filed) **Authorized Representative** Others, please specify Address: House No./Blk. No. Barangay City/Municipality Province **Contact Number:** Mobile Landline Case Number/Reference: TO BE ACCOMPLISHED BY OMB PERSONNEL Valid Identification Card presented by the REQUESTER Valid Identification Card presented by the REPRESENTATIVE **ID Number Issuing Agency/Company ID Number** Type Type Issuing Agency/Company Status of the Case With Pending MR Under evaluation For Prosecution Under preliminary investigation or administrative adjudication Convicted Under fact-finding investigation Acquitted Under review Resolved on: OMB-Luzon Referred to: OMB-Mindanao Other Agency OMB-MOLEO OMB-Visayas Referred on: Referred to Public Assistance Bureau on For Mediation on Remarks:

Signature over Printed Name of Records Officer or Personnel-in-Charge	Signature over Printed Name of Records Officer or Personnel-in-Charge
Date	Date

RECEIVED BY:

VERIFIED BY:

Note: The case status is limited to the above-cited information pursuant to OMB Office Order No. 88, s.1992 - Rule on Confidentiality.

This Form is NOT for sale.