



Republic of the Philippines
Office of the Ombudsman
Agham Road, Diliman, Quezon City

**NOT
FOR
SALE**

REQUEST FOR CASE INFORMATION (VERIFICATION SLIP)

CONFORME:

By signing below, I am agreeing to the Ombudsman Privacy Policy and giving my consent to the collection and processing of my personal data in accordance thereto.

Signature of Client Over Printed Name

TO BE ACCOMPLISHED BY THE REQUESTER

Date: _____

Name of Requester: _____

First Name
Middle Name
Last Name
Suffix e.g. Jr, III

Sex: _____ **Signature:** _____

Type of Requester (Please check the appropriate box)

- | | |
|---|---|
| <input type="checkbox"/> Complainant
<input type="checkbox"/> Respondent
<input type="checkbox"/> Authorized Representative
<input type="checkbox"/> Others, please specify _____
_____ | <input type="checkbox"/> Counsel for: _____
<small style="text-align: right;">Name of Party
(Requirements: copy of Entry of Appearance with Conformity of Party/ies
or copy of Entry/date filed)</small> |
|---|---|

Address: _____

House No./Blk. No.
Street
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		
Type	ID Number	Issuing Agency/Company	Type	ID Number	Issuing Agency/Company

- Status of the Case**
- | | |
|---|---|
| <input type="checkbox"/> Under evaluation
<input type="checkbox"/> Under preliminary investigation or administrative adjudication
<input type="checkbox"/> Under fact-finding investigation
<input type="checkbox"/> Under review
<input type="checkbox"/> Resolved on: _____
<input type="checkbox"/> Referred to: _____
Referred on: _____
<input type="checkbox"/> Referred to Public Assistance Bureau on _____
<input type="checkbox"/> For Mediation on _____ | <input type="checkbox"/> With Pending MR
<input type="checkbox"/> For Prosecution
<input type="checkbox"/> Convicted
<input type="checkbox"/> Acquitted
<input type="checkbox"/> OMB-Luzon <input type="checkbox"/> OMB-Mindanao <input type="checkbox"/> Other Agency
<input type="checkbox"/> OMB-Visayas <input type="checkbox"/> OMB-MOLEO |
|---|---|

Remarks: _____

VERIFIED BY:

RECEIVED BY:

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

Date

Signature over Printed Name of Requester or Authorized Representative

Date

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