

REQUEST FOR RECORDS

Please Select a Level of Service

- Routine
 RUSH

PRODUCTION DATE:

RECORDS OF:

DOB: SSN: DOI:

DATES NEEDED All OR BETWEEN:

RECORDS NEEDED

- Employment Medical
 Billing Payroll
 X-Rays, Charts W.C.A.B.

- Prepare Subpoena
 Prepare Authorization
 Subpoena Attached
 Authorization Attached

RECORDS FORMAT

- Printed Copies CD-ROM

Date:

Client Information

Company:
 Address:
 City/State/Zip:
 Phone:
 Fax:
 Email:
 Contact Name:

Case Information

Court:
 Branch:
 Case Number:
 Case Name:
 Your Client:
 Your File Number:

COPY RECORDS AT:

Location 1	<input type="text"/>	Location 2	<input type="text"/>
Phone/Contact:	<input type="text"/>	Phone/Contact:	<input type="text"/>
Location 3	<input type="text"/>	Location 4	<input type="text"/>
Phone/Contact:	<input type="text"/>	Phone/Contact:	<input type="text"/>

OPPOSING COUNSEL

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>

Please attach a separate sheet for additional locations, opposing counsels or special instructions