



ON-SITE RECORDS REPRODUCTION REQUEST FORM
TOLL FREE: (888) 778-2711 FAX: (805) 777-1115

REQUESTOR	Name: _____	Order Date
	Firm: _____	
	Address: _____	Date Needed By
	City: _____ State: _____ Zip _____	
	Phone: _____ Fax: _____	Discovery Cut Off
	Email: _____	
SUBJECT	Case Title: _____	
	Case Number: _____	Court Location: _____
	<input type="checkbox"/> Superior <input type="checkbox"/> Federal <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other _____	
	Attorney File No.: _____ BATES Numbering Start #: _____	
	Attorney Representing <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other _____	
	Please Obtain Records of: _____	
RECORDS	Known AKA's _____	
	Date of Birth _____	Social Security Number _____
	Date of Incident _____	
	Records Needed from Dates Forward _____	
	Records Needed <input type="checkbox"/> Billing <input type="checkbox"/> Medical <input type="checkbox"/> Radiology <input type="checkbox"/> Films <input type="checkbox"/> Employment <input type="checkbox"/> Other _____	
	Authorization/ Subpoena is attached <input type="checkbox"/> Yes <input type="checkbox"/> No Please Prepare Subpoena <input type="checkbox"/> Yes <input type="checkbox"/> No Signature is on File <input type="checkbox"/> Yes <input type="checkbox"/> No	
INSTRUCTIONS	Description of Records Sought: _____	

