



RECORDS REQUEST

Plaintiff(s)
v.

Defendant(s) Cause # _____

Billing to: Attorney ____ Ins. Co./Adjuster _____
Address _____
Claim # _____

Date Requested ____/____/____

Requesting Attorney: _____ State Bar No. _____

Requestor Telephone #: _____ Paralegal/Secretary: _____

Opposing Counsel: _____

DWQ: ____ Duces Tecum w/ Affidavit: ____

Affidavit – w/ Authorization: ____

Paper Copy: ____

On CD: ____ (scan w/ OCR) ____

Client Repository: ____ (scan w/ OCR) ____

By email: ____ email address: _____

Other format: ____ please indicate: _____

____ Medical ____ Billing ____ X-rays ____ Personnel ____ Business ____ Other _____

In Re: Name: _____ SSN: ____-____-____ DOB: _____

Date of Records: _____ to _____

Please list providers to obtain from and other additional instructions: (Name, address, telephone #)

A Court Reporting Firm

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