



Records Request Form

Trial Date: _____

Mediation/Depo Date: _____

Court Reporting &
Litigation Support Services

STYLE:

Date Ordered: _____ Date Needed: _____

Ordering Attorney: _____ Bar No: _____

Ordered by: _____

Firm: _____ Email: _____

Address: _____

vs.

City: _____ State: _____

Zip: _____ Firm File No: _____

Phone: _____ Fax: _____

Representing: _____

DIRECT BILLING INSTRUCTIONS

Insurance Company: _____

Adjuster: _____ Insured: _____

Address: _____

City: _____ State: _____

Zip: _____ Claim No: _____

Phone: _____ Fax: _____

Cause No: _____

Judicial District No: _____

County: _____

OPPOSING AND CO-COUNSEL OF RECORD

(Attach additional sheets if necessary)

Attorney: _____

Attorney: _____

Firm: _____

Firm: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Represents: _____

Represents: _____

OBTAIN RECORDS IN THE FOLLOWING FORM:

BY SUBPOENA:

- Deposition by Written Questions - admissible
- Deposition by Written Questions - admissible w/Affidavit
- Deposition by Written Questions - non-admissible (w/affidavit)
- Subpoena for Records Only - no deposition**

BY AUTHORIZATION:

- Authorization w/Affidavit
- Authorization w/Affidavit - R&N
- IME Use, No Affidavit Required

RECORDS PERTAINING TO:

Full Name: _____ AKA: _____

Date of Birth: _____ SSN: _____ TDL: _____

Date of Incident: _____ Other Info: _____

RECORDS PERTAINING TO:

Date Ordered: _____

Full Name: _____

AKA: _____

Date of Birth: _____

SSN: _____

TDL: _____

Date of Incident: _____

Other Info: _____

vs.

Additional Notes:

LOCATIONS FOR:

Location: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Record Type: Medical Billing Personnel Payroll Radiology Films Banking Other:
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Location: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Record Type: Medical Billing Personnel Payroll Radiology Films Banking Other:
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Location: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Record Type: Medical Billing Personnel Payroll Radiology Films Banking Other:
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