

Esquire Photocopy Service **Legal Discovery Specialists Since 1984**

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ORDER DATE: _____

DATE NEEDED: _____

mm/dd/yyyy

mm/dd/yyyy

1. COPY RECORDS PERTAINING TO

First Name: _____

Middle Name: _____

Last Name: _____

SSN: _____ No SSN available

AKA: _____

AKA SSN: _____

Date of Birth: _____ mm/dd/yyyy

Date of Injury: _____

3. CARRIER – INSURANCE COMPANY

Carrier: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Adjuster: _____

Phone: _____ **Ext:** _____

Fax: _____

Insured: _____

Claim No: _____

5. OPPOSING COUNSEL

Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Attorney: _____

Phone: _____ **Ext:** _____

Fax: _____

Representing: Plaintiff/Applicant Defendant
 Other:

Additional Counsels Attached

6. RECORDS AND DELIVERY (Use the codes listed below in brackets to specify which record type is needed)

[M]edical [B]illing [X]-ray Films [E]mployment [W]age [C]laim File [ED]ex Report [P]sychiatric [O]ther

Record Type: _____ **Location Name:** _____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone:** _____

Additional Copy Locations Attached **Copy:** Any and All **OR** Specified Period: _____ **Copies Required:** Paper: _____ CD: _____

Special Instructions: _____

Deliver Above Record To: Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Instructions:

1. Attach additional opposing counsels or record locations
2. Mail, Scan/Email or Fax to us

SEND INVOICE TO:

SPECIAL HANDLING:

Requestor

Rush

Carrier

Reason: _____

2. REQUESTED BY

Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Representing: Plaintiff/Applicant Defendant
 Other:

Attorney/Other: _____

Our File No: _____

Contact: _____

Email: _____

Phone: _____ **Ext:** _____

Fax: _____

4. SUBPOENA INFORMATION

Case No: _____

Case Caption: _____

VS: _____

County: _____

Judicial District: _____

Department/Division: _____

Appearance Address: _____

City: _____ **State:** _____ **Zip:** _____

Appear On Date: _____ mm/dd/yyyy

Request Type: SUPERIOR FED ARB WCAB
 Client Subpoena Authorization Attached
 Personal Injury Case

Prepare: Deposition Subpoena Trial Subpoena
 Worker's Comp Subpoena

Trial Date: _____ mm/dd/yyyy

Delivery Cutoff Date: _____ mm/dd/yyyy

For: Records Only Seal Records To Trial
 Personal Appearance W/ Records **OR** W/O Records