

1511 West Beverly Blvd Los Angeles, CA 90026 www.firstlegal.com FRRorders@firstlegal.com P. 877.591.9979 F. 213.802.0810

		IV E C O	THE STATE OF THE S		
CUSTOMER	INFORMATION		CARRIER BILLING INFORMATION		
Date Ordered: Rush:		Carrier: Bill to Customer:			
Date Due:			Adjuster Name:		
Your Firm:			Address:		
Atty/Adj Name:	:	SB#:	City: State: Zip:		
Address:			Phone: Fax:		
City:	State:	Zip:	Claim/File Number:		
Phone:	Fax:		Name of Insured:		
Your file Number:			Date of Loss:		
Contact Person:			SUBPOENA INFORMATION		
NOTICE TO OPPOSING COUNSEL INFORMATION			AUTHORIZATION SUBPOENA ENCL ARE		
Opposing Counsel's Name:			PREPARE SUBPOENA Depo WCAB Trial		
Firm:			SUBPOENA FOR Records Only Personal Appears		
Address:			Appearance With Records APPEARANCE ADDI		
City:	State:	Zip:	Addr:		
Phone:	Fax:		WCAB JUDGE NAME:		
List of Opposing Coupsel Attached			DATE: Time: DEPT-DIV.:		
List of Opposing Counsel Attached:			COURT Superior WCAB Federal		
RECORDS PERTAINING TO			ARBITRATION American Uninsured Moto		
Subject's Name:			CASE NO:		
A.K.A.:			COURT NAME:		

DOB:

Plaintiff:

Def:

Other:

S.S.#:

Carrier:			Bill to Customer:				
Adjuster Na	ame:						
Address:							
City:			State:	Zip:			
Phone:		Fax:					
Claim/File Number:							
Name of Insured:							
Date of Loss:							
SUBPOENA INFORMATION							
AUTHO	RIZATION	SUBPO	ENA ENCL	ARRANGED			
PREPARE S	UBPOENA	Depo	WCAB	Trial			
SUBPOENA FOR Records Or		ords Only	Personal Appearance Only				
Appearance With Records			APPEARANCE ADDRESS (Below)				
Addr:							
WCAB JUDGE NAME:							
DATE:	Time:		DEPT-DIV.:				
COURT	Superior	WCAB	Federal				
ARBITRATION Amer		erican	Uninsured Motorist				
CASE NO:							
COURT NAME:							
CASE NAME:							
VS:							
YOUR FIRM REPRESENTS:							

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RECORDS LOCATIONS

Copy Specific Date's Only / Dates: 1. Location: Phone: (MARK BOX FOR RECORDS NEEDED BELOW) Address: X-RAYS MFD BILLS SIGN-IN PSYCH **EMPLY** INSUR **ACDEMC** Additional Info: PATH MTRLS OTHER Copy Specific Date's Only / Dates: 2. Location: Phone: (MARK BOX FOR RECORDS NEEDED BELOW) Address: MED BILLS X-RAYS SIGN-IN PSYCH **EMPLY INSUR ACDEMC** Additional Info: PATH MTRLS OTHER Copy Specific Date's Only / Dates: 3. Location: Phone: (MARK BOX FOR RECORDS NEEDED BELOW) Address: MFD X-RAYS SIGN-IN PSYCH BILLS **EMPLY ACDEMC** Additional Info: PATH MTRLS OTHER Copy Specific Date's Only / Dates: 4. Location: Phone: (MARK BOX FOR RECORDS NEEDED BELOW) Address: MFD SIGN-IN INSUR BILLS X-RAYS **PSYCH EMPLY ACDEMC** Additional Info: PATH MTRLS OTHER Copy Specific Date's Only / Dates: 5. Location: Phone: (MARK BOX FOR RECORDS NEEDED BELOW) Address: MED BILLS X-RAYS SIGN-IN PSYCH **EMPLY** INSUR **ACDFMC** Additional Info: PATH MTRLS OTHER Copy Specific Date's Only / Dates: 6. Location: Phone: (MARK BOX FOR RECORDS NEEDED BELOW) Address: MED **BILLS** X-RAYS SIGN-IN PSYCH **EMPLY** INSUR **ACDEMC** Additional Info: PATH MTRLS OTHER Copy Specific Date's Only / Dates: 7. Location: Phone: (MARK BOX FOR RECORDS NEEDED BELOW) Address: MED BILLS X-RAYS SIGN-IN PSYCH **EMPLY INSUR ACDEMC** Additional Info: PATH MTRLS OTHER Copy Specific Date's Only / Dates: 8. Location: Phone: (MARK BOX FOR RECORDS NEEDED BELOW) Address: MFD X-RAYS SIGN-IN PSYCH **EMPLY** INSUR BILLS **ACDEMC**

PATH MTRLS

OTHER

Send Additional Sets to:

Additional Info: