



# FIRSTLEGAL RECORDS

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 Los Angeles, CA 90026 F. 877.823.7488  
 www.firstlegal.com  
 FRRorders@firstlegal.com

**CUSTOMER INFORMATION**

Date Ordered: \_\_\_\_\_ Rush: \_\_\_\_\_

Date Due: \_\_\_\_\_

Your Firm: \_\_\_\_\_

Atty/Adj Name: \_\_\_\_\_ SB#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Your file Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**CARRIER BILLING INFORMATION**

Carrier: \_\_\_\_\_ Bill to Customer: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Claim/File Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

**NOTICE TO OPPOSING COUNSEL INFORMATION**

Opposing Counsel's Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SUBPOENA INFORMATION**

AUTHORIZATION SUBPOENA ENCL ARRANGED

PREPARE SUBPOENA Depo WCAB Trial

SUBPOENA FOR Records Only Personal Appearance Only

Appearance With Records APPEARANCE ADDRESS (Below)

Addr: \_\_\_\_\_

WCAB JUDGE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ Time: \_\_\_\_\_ DEPT-DIV.: \_\_\_\_\_

COURT Superior WCAB Federal

ARBITRATION American Uninsured Motorist

CASE NO: \_\_\_\_\_

COURT NAME: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

VS: \_\_\_\_\_

YOUR FIRM REPRESENTS:

Plaintiff: \_\_\_\_\_ Def: \_\_\_\_\_ Other: \_\_\_\_\_

List of Opposing Counsel Attached: \_\_\_\_\_

**RECORDS PERTAINING TO**

Subject's Name: \_\_\_\_\_

A.K.A.: \_\_\_\_\_

S.S.#: \_\_\_\_\_ DOB: \_\_\_\_\_



### RECORDS LOCATIONS

1. Location: Copy Specific Date's Only / Dates:  
 Address: Phone: (MARK BOX FOR RECORDS NEEDED BELOW)  
 MED    BILLS    X-RAYS    SIGN-IN    PSYCH    EMPTY    INSUR    ACDEMC  
 Additional Info: PATH MTRLS    OTHER

2. Location: Copy Specific Date's Only / Dates:  
 Address: Phone: (MARK BOX FOR RECORDS NEEDED BELOW)  
 MED    BILLS    X-RAYS    SIGN-IN    PSYCH    EMPTY    INSUR    ACDEMC  
 Additional Info: PATH MTRLS    OTHER

3. Location: Copy Specific Date's Only / Dates:  
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 Additional Info: PATH MTRLS    OTHER

4. Location: Copy Specific Date's Only / Dates:  
 Address: Phone: (MARK BOX FOR RECORDS NEEDED BELOW)  
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 Additional Info: PATH MTRLS    OTHER

5. Location: Copy Specific Date's Only / Dates:  
 Address: Phone: (MARK BOX FOR RECORDS NEEDED BELOW)  
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 Additional Info: PATH MTRLS    OTHER

6. Location: Copy Specific Date's Only / Dates:  
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 Additional Info: PATH MTRLS    OTHER

7. Location: Copy Specific Date's Only / Dates:  
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 Additional Info: PATH MTRLS    OTHER

8. Location: Copy Specific Date's Only / Dates:  
 Address: Phone: (MARK BOX FOR RECORDS NEEDED BELOW)  
 MED    BILLS    X-RAYS    SIGN-IN    PSYCH    EMPTY    INSUR    ACDEMC  
 Additional Info: PATH MTRLS    OTHER

Send Additional Sets to: