



FIRSTLEGAL RECORDS

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 Los Angeles, CA 90026 F. 213.802.0810
 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: _____

List of Opposing Counsel Attached: _____

RECORDS PERTAINING TO

Subject's Name: _____
 A.K.A.: _____
 S.S.#: _____ DOB: _____

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: _____



RECORDS LOCATIONS

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

Send Additional Sets to: