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Requesting Firm: _____ **Date:** _____
Attorney: _____ **ADS Account #:** _____
Attention: _____ **Atty. Bar #:** _____
Address: _____ **Phone:** _____
City/State/Zip: _____ **FAX:** _____
Representing: _____
Law Firm File #: _____

Bill To: _____

 Phone: _____ FAX: _____

Claims Examiner: _____
Insurance Co. Claim #: _____ **(REQUIRED FOR INSURANCE BILLING)**
Insured's Name: _____ **Policy ID:** _____

Hearing/Depo Date: _____
Date Records Needed: _____
Court Name: _____ **Court Division:** _____

Case No.: _____
Case Name: _____ *** Please Rush**
*** Extra charges apply**

<p>RECORDS RE: _____</p> <p>AKA: _____</p> <p>Social Security No.: _____</p> <p>Date of Birth: _____</p> <p>Date of Incident: _____</p> <p><input type="checkbox"/> Obtain any and all records</p> <p><input type="checkbox"/> Copy only records subsequent to: _____</p>	<p>PLEASE MARK APPROPRIATE BOXES)</p> <p><input type="checkbox"/> Prepare Subpoena <input type="checkbox"/> Obtain Medical Records</p> <p><input type="checkbox"/> Subpoena Attached <input type="checkbox"/> Obtain X-Ray Films</p> <p><input type="checkbox"/> Authorization Attached <input type="checkbox"/> Obtain Billing</p> <p><input type="checkbox"/> Other (List Under Special Instructions) <input type="checkbox"/> Obtain Employment Records</p> <p><input type="checkbox"/> Provide Records on CD-ROM <input type="checkbox"/> No paper prints</p> <p><input type="checkbox"/> Post Records Online <small>(Paper prints provided unless checked)</small></p> <p>E-mail Address: _____</p>
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OPPOSING COUNSELS TO BE NOTICED: IMPORTANT TO INCLUDE ADDRESS, PHONE, FAX AND ZIP CODE

<p>1.</p> <p>Attn: _____</p> <p>Phone: _____ FAX: _____</p>	<p>2.</p> <p>Attn: _____</p> <p>Phone: _____ FAX: _____</p>
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SPECIAL INSTRUCTIONS/OMISSIONS:

LIST UP TO SIX LOCATIONS: IMPORTANT TO INCLUDE ADDRESS, PHONE, FAX AND ZIP CODE

<p>1.</p> <p>Attn: _____</p> <p>Phone: _____ FAX: _____</p>	<p>4.</p> <p>Attn: _____</p> <p>Phone: _____ FAX: _____</p>
<p>2.</p> <p>Attn: _____</p> <p>Phone: _____ FAX: _____</p>	<p>5.</p> <p>Attn: _____</p> <p>Phone: _____ FAX: _____</p>
<p>3.</p> <p>Attn: _____</p> <p>Phone: _____ FAX: _____</p>	<p>6.</p> <p>Attn: _____</p> <p>Phone: _____ FAX: _____</p>