

RECORDS REQUEST FORM

Firm Name: _____ Date: _____

Attorney: _____ Bar #: _____

Secretary: _____

Address: _____

City/State/Zip: _____ Phone: _____

Court Name: _____

Court Location: _____

Case No.: _____

Case Name: _____

Representing: _____

File or Claim: _____

Hearing Date: _____

Bates Number Pgs: _____ Tabs: _____

Bill To: _____

Date Records Needed: _____



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RECORDS

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TO PLACE ORDERS

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FOR CUSTOMER SERVICE

FRRInfo@firstlegal.com

RECORDS RE: _____	<input type="checkbox"/> Prepare SDT	<input type="checkbox"/> Obtain Medical Records
Date of Birth: _____	<input type="checkbox"/> SDT Attached	<input type="checkbox"/> Obtain X-Rays
Date of Incident: _____	<input type="checkbox"/> Auth's Attached	<input type="checkbox"/> Obtain Billing
Social Security: _____	<input type="checkbox"/> Other (List Under Special Instructions)	<input type="checkbox"/> Obtain Employment Records

OPPOSING COUNSELS TO BE NOTICED: (include street address and phone, attach list if necessary.)

SPECIAL INSTRUCTIONS/OMMISIONS:

LIST UP TO EIGHT LOCATIONS: (Please include street address, phone & any special notations.)

1)	5)
2)	6)
3)	7)
4)	8)

For additional locations, please attach separate sheet.