



ORDER FORM

CUSTOMER INFORMATION

Date Ordered: _____ [] RUSH
Date Due: _____
Your Firm: _____
Attorney's Name: _____ SB#: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Your File Number: _____
Contact Person: _____

APPROVED DIRECT BILLING

Carrier: _____
Adjuster's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Claim File Number: _____
Name is Insured: _____
Date of Loss: _____

NOTICE TO OPPOSING COUNSEL INFORMATION

Opposing Counsel's Name: _____
Firm: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Fax: (_____) _____
[] List additional counsels attached

SUBPOENA INFORMATION

[] Authorization [] Subpoena Encl [] Arranged
Prepare Subpoena [] Depo [] WCAB [] Trial
Subpoena For [] Records Only [] Personal Appearance Only
[] Appearance With Records

Appearance Address (below)

WCAB Judge Name: _____
Date: _____ Time: _____ Dept-Div.: _____
Court [] Superior [] WCAB [] Federal
Arbitration [] American [] Uninsured Motorist
Case No.: _____
Case Name: _____
Vs: _____

RECORDS PERTAINING TO

Subject's Name: _____
A.K.A.: _____
S.S.#: _____ DOB: _____
Number of Sets: _____
Format: [] Paper [] CD [] Electronic Upload

Your Firm Represents:

[] Plaintiff [] Defendant [] Other: _____

RECORDS LOCATIONS

Table with 3 rows for records locations. Each row includes fields for Location, Address, Phone, and Additional Info, with checkboxes for document types like Med, Bills, X-Rays, etc.

