

**RECORD RETRIEVAL • SUBPOENA PREPARATION** 

**ORDER FORM** 

Email: Records@ProLegalNetwork.com www.ProLegalNetwork.com Ph. (888) 72COURT (722-6878) Fax: (949) 955-2357

| CUSTOMER INFORMATION                     | APPROVED DIRECT BILLING  |
|--|--|
| Date Ordered: RUSH                       | Carrier:   |
| Date Due:                                | Adjuster's Name:   |
| Your Firm:                               | Address:   |
| Attorney's Name: SB#:                    | City: State: Zip:  |
| Address:                                 | Phone: () Fax: ()  |
| City: State: Zip:                        | Claim File Number:   |
| Phone: () Fax: ()                        | Name is Insured:   |
| Your File Number:                        | Date of Loss:  |
| Contact Person:                          |  |
| NOTICE TO OPPOSING COUNSEL INFORM        | ATION SUBPOENA INFORMATION   |
| Opposing Counsel's Name:                 | Authorization 🗌 Subpoena Encl 🗌 Arranged   |
| Firm:                                    | Prepare Subpoena 🗌 Depo 🔲 WCAB 🔲 Trial   |
| Address:                                 | Subpoena For 🛛 Records Only 🗌 Personal Appearance Only   |
| City: State: Zip:                        | Appearance With Records  |
| Phone: () Fax: ()                        | Appearance Address (below)   |
| List additional counsels attached        |  |
| Number of copies                         | WCAB Judge Name:   |
| Send additional set to (indicated below) | Date: Time: Dept-Div.:   |
| <b>RECORDS PERTAINING TO</b>             | Court 🗌 Superior 🗌 WCAB 🗌 Federal  |
| Subject's Name:                          | Arbitration 🗌 American 🗌 Uninsured Motorist  |
| A.K.A.:                                  | Case No.:  |
| S.S.#: DOB:                              | Case Name:   |
| Number of Sets:                          | Vs:  |
| Format: 🗌 Paper 🔲 CD 📄 Electronic Upload | Your Firm Represents:  |
|  | 🗌 Plaintiff 🔲 Defendant 🔛 Other:   |
| REC                                      | ORDS LOCATIONS   |
| Location:                                | Copy Specific Date's Only / Dates:   |
| 1 Address:                               | Phone: ()  |
| Additional Info:                         | MARK BOX<br>FOR RECORDS Med Bills X-Rays Sign-In Psych Emply Insur Acdemc   NEEDED Path Rpt Path Mtrls Other Other Other Other |
| Location:                                | Copy Specific Date's Only / Dates:   |
| <b>2</b> Address:                        |  |
| Additional Info:                         | MARK BOX<br>FOR RECORDS Med Bills X-Rays Sign-In Psych Emply Insur Acdemc   NEEDED Path Rpt Path Mtrls Other Other Other       |

Location:

Address:

Additional Info: \_

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| PROLEGAL SHALL N     | OT BE LIABLE FOF | MORE THAN TWO | O HUNDRED FIFTY | DOLLARS (\$250)  | PER ASSIGNMENT |
|----------------------|------------------|---------------|-----------------|------------------|----------------|
| THOLEGALE OF ALLE IN |                  |               |                 | BOLL (10 (\$200) |                |

MARK BOX For records Needed Copy Specific Date's Only / Dates: \_\_\_\_

Path Rpt Path Mtrls Other

Med Bills X-Rays Sign-In Psych Emply Insur Acdemc

Phone: (\_