

**RECORD RETRIEVAL • SUBPOENA PREPARATION** 

**ORDER FORM** 

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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 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 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: (\_