

# DUE PROCESS ATTORNEY SERVICE

12311 COLORADO AVENUE, BAKERSFIELD, CA 93312(661)588-9610 FAX (661) 588-9613

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## PHOTOCOPY REQUEST FORM

DATE ORDERED : \_\_\_\_\_ COURT AND CASE NO. \_\_\_\_\_

DATE COPIES NEEDED : \_\_\_\_\_

ORDERED BY: \_\_\_\_\_ CASE NAME: \_\_\_\_\_ ATTORNEY : \_\_\_\_\_

FIRM NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ YOUR CLIENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CLAIM NUMBER : \_\_\_\_\_

OBTAIN MEDICAL RECORDS FURNISH \_\_\_\_\_ SETS

OBTAIN BILLING RECORDS FURNISH \_\_\_\_\_ SETS

OBTAIN X-RAY FILMS FURNISH \_\_\_\_\_ SETS

OBTAIN EMPLOYMENT RECORDS FURNISH \_\_\_\_\_ SETS

OBTAIN TIME CARDS FURNISH \_\_\_\_\_ SETS

NO OMISSIONS

SPECIAL INSTRUCTION AND OR SPECIFY ANY OMISSIONS: \_\_\_\_\_

PREPARE AND SERVE DOCUMENT SUBPOENA

AUTHORIZATION ATTACHED

SUBPOENA ATTACHED

OBTAIN RECORDS RE: \_\_\_\_\_

D.O.B. \_\_\_\_\_ S/S NO. \_\_\_\_\_ DATE OF ACCIDENT: \_\_\_\_\_

### OPPOSING COUNSEL

ATTORNEY: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

### RECORD LOCATIONS

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

5. \_\_\_\_\_ Phone: \_\_\_\_\_

6. \_\_\_\_\_ Phone: \_\_\_\_\_

7. \_\_\_\_\_ Phone: \_\_\_\_\_

Form Date: 1-1-08