

Date Ordered:



Rush  Deadline:

**APPLICANT/PLAINTIFF INFORMATION**

Name: \_\_\_\_\_  
AKA: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
Defendant/Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

ORDERING PARTY:  Applicant/Plaintiff  Defense  
CASE TYPE:  WCAB  P.I./Civil  EDEX  AME Rating  SSA

Your Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Phone: \_\_\_\_\_

Bill To:  Ordering Party  Carrier  
 Other \_\_\_\_\_

Deliver Records To:  Same  Opposing Atty  Carrier  
 Other \_\_\_\_\_

Number of Sets:   
 Single Sided  Records Review  Summary  Hardcopy  
 Bates Stamp  Tabs  CD Only  Both Hardcopy/CD

**CASE INFORMATION**

Injury Date: \_\_\_\_\_  
Case # (REQUIRED) \_\_\_\_\_

| PARTY LIST (If Billing Carrier) |       |
|---------------------------------|-------|
| Insurance:                      | _____ |
| _____                           | _____ |
| Claim #:                        | _____ |
| Adjuster:                       | _____ |
| Opposing Atty:                  | _____ |
| _____                           | _____ |
| _____                           | _____ |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**[M] Medical [B] Billing [X] X-Ray [E] Employment [W] Wage**  
**[I] Cal-Osha Inspection Records [C] Claims [O] Other**

**Locations**

|   |       |
|---|-------|
| Name:   | _____ |
| Address:  | _____ |
| City, State, Zip:   | _____ |
| Phone:  | _____ |
| Service Requested:  | _____ |
| <input type="checkbox"/> Records:   | _____ |
| <input type="checkbox"/> Personal Service (check type below):   | _____ |
| <input type="checkbox"/> Lawsuit <input type="checkbox"/> 132A <input type="checkbox"/> Serious & Willful | _____ |
| <input type="checkbox"/> Witness to Appear (list appearance location below):                              | _____ |
| _____   | _____ |

|   |       |
|---|-------|
| Name:   | _____ |
| Address:  | _____ |
| City, State, Zip:   | _____ |
| Phone:  | _____ |
| Service Requested:  | _____ |
| <input type="checkbox"/> Records:   | _____ |
| <input type="checkbox"/> Personal Service (check type below):   | _____ |
| <input type="checkbox"/> Lawsuit <input type="checkbox"/> 132A <input type="checkbox"/> Serious & Willful | _____ |
| <input type="checkbox"/> Witness to Appear (list appearance location below):                              | _____ |
| _____   | _____ |

|   |       |
|---|-------|
| Name:   | _____ |
| Address:  | _____ |
| City, State, Zip:   | _____ |
| Phone:  | _____ |
| Service Requested:  | _____ |
| <input type="checkbox"/> Records:   | _____ |
| <input type="checkbox"/> Personal Service (check type below):   | _____ |
| <input type="checkbox"/> Lawsuit <input type="checkbox"/> 132A <input type="checkbox"/> Serious & Willful | _____ |
| <input type="checkbox"/> Witness to Appear (list appearance location below):                              | _____ |
| _____   | _____ |

|   |       |
|---|-------|
| Name:   | _____ |
| Address:  | _____ |
| City, State, Zip:   | _____ |
| Phone:  | _____ |
| Service Requested:  | _____ |
| <input type="checkbox"/> Records:   | _____ |
| <input type="checkbox"/> Personal Service (check type below):   | _____ |
| <input type="checkbox"/> Lawsuit <input type="checkbox"/> 132A <input type="checkbox"/> Serious & Willful | _____ |
| <input type="checkbox"/> Witness to Appear (list appearance location below):                              | _____ |
| _____   | _____ |