

# WeServeThem.Com

A Leading Registered Process Service

## ON-SITE RECORDS REPRODUCTION REQUEST FORM

<b>REQUESTOR</b>	Name: _____	Order Date
	Firm: _____	
	Address: _____	Date Needed By
	City: _____ State: _____ Zip _____	
	Phone: _____ Fax: _____	Discovery Cut Off
	Email: _____	
	Case Title: _____	
	Case Number: _____ Court Location: _____	
	<input type="checkbox"/> Superior <input type="checkbox"/> Federal <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other _____	
	Attorney File No.: _____ BATES Numbering Start #: _____	
Attorney Representing <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other _____		
<b>SUBJECT</b>	Please Obtain Records of: _____	
	Known AKA's _____	
	Date of Birth _____ Social Security Number _____ Date of Incident _____	
	Records Needed from Dates Forward _____	
<b>RECORDS</b>	Records Needed <input type="checkbox"/> Billing <input type="checkbox"/> Medical <input type="checkbox"/> Radiology <input type="checkbox"/> Films <input type="checkbox"/> Employment <input type="checkbox"/> Other _____	
	Authorization/ Subpoena is attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Please Prepare Subpoena <input type="checkbox"/> Yes <input type="checkbox"/> No Signature is on File <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Description of Records Sought: _____	
<b>INSTRUCTIONS</b>		

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## OPPOSING COUNSEL LIST OR MAILING LIST

	Name			
	Address			
	City, State, Zip			
	Telephone		Fax	
	Name			
	Address			
	City, State, Zip			
	Telephone		Fax	
	Name			
	Address			
	City, State, Zip			
	Telephone		Fax	
	Name			
	Address			
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## RECORDS ARE LOCATED AT:

	Name	
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	Name	
	Address	
	City, State, Zip	
	Telephone	

By signing or submitting this form, you agree to the terms and conditions and privacy policy of this website.

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Phone: (714) 546-7373 Fax: (714) 546-7474 Email: [status@weservethem.com](mailto:status@weservethem.com)  
O.C. PPC# 177