



Record Retrieval | Court Reporting | Litigation Support

Contact Information

Name _____ Email _____

Phone _____ Ext. _____ Fax _____

Professional Associations _____

Firm _____ Address _____

Primary Attorney _____ Street _____

Bar Number _____ City _____ State _____ Zip _____

What is your preferred method of contact?

- Phone Email Fax No Preference

Order Information

What type of records do you most commonly order?

- Medical Billing Radiology Personnel Payroll
 Photographs Video Audio Banking/Business _____

What is the most common method you will use to obtain records?

- Subpoena Admissible Subpoena Inadmissible Authorization Open Records Act

For Written Depositions:

- Use Standard Deposition for Applicable Record Request
 Use Custom Deposition Questions for All Request

What type of affidavit do you typically request?

- Page Count Affidavit Reasonable & Necessary (Custodian)
 Reasonable & Necessary (Doctor) Custom Affidavit

If records cannot be obtained, which type of affidavit would you prefer to receive?

- Affidavit of No Records Always Never Ask First
Affidavit of Common Records Always Never Ask First
Affidavit of Destroyed Records Always Never Ask First

What is your delivery preference?

- Leave with Receptionist Deliver to Desk Mail _____

What are your typical billing practices?

- Bill to Firm Bill to Third Party Shared Billing _____

What is the maximum custodian fee we are authorized to pay on your behalf without providing an invoice quote?

- \$100 \$200 \$300 \$400 \$500 _____

Who should we contact concerning invoices?

Name _____ Phone _____ Ext. _____

america★first

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Production Information

How would you like for us to prepare your working copy?

- 2-Hole Punch at Top 3-Hole Punch on Side 3-Hole Punch, with Rings
 Other _____

Should your working copy be indexed or delivered as obtained from facility

- As received from facility
 Standard Indexing for Hospitals, Clinics, and Doctors
 Chronological Oldest to Newest
 Reverse Chronological Newest to Oldest
 Custom (We will contact you to discuss as preferences can vary substantially)

Would you like to receive an additional working copy of each record (\$0.10 cents per page)?

- Always Never Ask First

How would you like for us to prepare your additional working copy?

- 2-Hole Punch at Top 3-Hole Punch on Side 3-Hole Punch in Binder
 Other _____

Would you like an additional copy on CD?

- Yes No

Would you like an additional copy sent to an expert (\$10.00 Shipping/Handling, \$0.10 per page)

- Yes No

Additional Information

Please indicate any additional requests or special instructions:

Agent Authorization

According to rule 191.3(a) of the TRCP an attorney must sign all notices. To help expedite the processing of your orders we request permission to sign on the ordering attorney's behalf. Please indicate your preference and sign below.

- _____ Yes, as my agents, I authorize America First Legal Services to sign every Notice requested by my office until further notice.
- _____ No, I do not authorize America First Legal Services to sign every Notice requested by my office. Please deliver all notices to my office prior to processing for review and signature.

Signature

Date

Printed Name

Bar No.