

america★first

Record Retrieval | Court Reporting | Litigation Support

Case Information

Style	Cause No.
	Judicial District No.
Vs.	County of
	File Number
	Ordered By _____ Date
	Date Needed

Requestor Information

Ordering Attorney	Send Invoice To
Bar Number	Address
Firm Name	City, State, Zip
Address	Claim #
City, State, Zip	Adjuster's Name
Phone _____ Fax	Phone _____ Fax
Representing <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defense <input type="checkbox"/> Intervenor	

Attorneys of Record

Attorney	Attorney
Firm Name	Firm Name
Address	Address
City, State, Zip	City, State, Zip
Phone _____ Fax	Phone _____ Fax

Obtain Records Pertaining To

Name	_____	_____	_____	_____
First	Middle	Last	Alias	
Date of Birth	Date of Accident	Social Security #		

Record Information

Type of Records	Obtain Records By
<input type="checkbox"/> All	<input type="checkbox"/> subpoena duces tecum
<input type="checkbox"/> Radiology	<input type="checkbox"/> deposition upon written question inadmissible
<input type="checkbox"/> Payroll	<input type="checkbox"/> deposition upon written question admissible
<input type="checkbox"/> _____	<input type="checkbox"/> authorization signed by subject with affidavit
<input type="checkbox"/> Medical	
<input type="checkbox"/> Pathology	
<input type="checkbox"/> Billing	
<input type="checkbox"/> Personnel	
<input type="checkbox"/> Business	
<input type="checkbox"/> Financial	

Records From

Name	_____	Name	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Phone	_____	Phone	_____
Instructions	_____	Instructions	_____
Name	_____	Name	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Phone	_____	Phone	_____
Instructions	_____	Instructions	_____
Name	_____	Name	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Phone	_____	Phone	_____
Instructions	_____	Instructions	_____