

# MULTIPLE RECORD REQUEST FORM

1. \_\_\_\_\_  
(DEPONENT) (ADDRESS) (CITY) (PHONE)

Records Wanted Any and All:  Records  X-Rays  Billing  Employment

Other Specify: \_\_\_\_\_

See page two for additional deponents Records Needed By: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**NAME ON RECORD:** \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_ DATE OF ACCIDENT: \_\_\_\_\_ SOC.SEC. NO. \_\_\_\_\_

**COURT:** \_\_\_\_\_ Court Number \_\_\_\_\_

NAME OF CASE: \_\_\_\_\_

Need additional copy @ .07 per page

**Plaintiff's Attorney:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Defendant's Attorney:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Co-Defendant's Attorney:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

### AUTHORIZATION TO SIGN NOTICE AND SERVE SUBPOENA

Requesting Firm: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>BILL TO CARRIER:</b>	<b>SEND RECORDS TO:</b>
Name: _____	Name: _____
Address: _____	Address: _____
Adjuster: _____	Attn: _____

Claim # \_\_\_\_\_ File # \_\_\_\_\_

Job # \_\_\_\_\_

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Other Specify: \_\_\_\_\_

3. \_\_\_\_\_  
(DEPONENT) (ADDRESS) (CITY) (PHONE)

Records Wanted Any and All:  Records  X-Rays  Billing  Employment

Other Specify: \_\_\_\_\_

4. \_\_\_\_\_  
(DEPONENT) (ADDRESS) (CITY) (PHONE)

Records Wanted Any and All:  Records  X-Rays  Billing  Employment

Other Specify: \_\_\_\_\_

5. \_\_\_\_\_  
(DEPONENT) (ADDRESS) (CITY) (PHONE)

Records Wanted Any and All:  Records  X-Rays  Billing  Employment

Other Specify: \_\_\_\_\_

6. \_\_\_\_\_  
(DEPONENT) (ADDRESS) (CITY) (PHONE)

Records Wanted Any and All:  Records  X-Rays  Billing  Employment

Other Specify: \_\_\_\_\_

## ADDITIONAL SERVICES AVAILABLE:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Service of Process   | Copying:                              |
| <input type="checkbox"/> Photo Reproduction and Enlargements  | <input type="checkbox"/> Records      |
| <input type="checkbox"/> X-ray Reproduction   | <input type="checkbox"/> Transcripts  |
| <input type="checkbox"/> Blue Print Reproduction  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Courtroom Exhibits   |                                       |
| <input type="checkbox"/> Have my Customer Service Representative contact me for instructions on additional services checked above |                                       |

### For Office Use Only

Date Request Received: \_\_\_\_\_

Date/Time of Deposition: \_\_\_\_\_