



**\*RECORD REQUEST FORM\***

**WESTCOAST LEGAL SERVICE**

1925 Winchester Blvd #203, Campbell, CA 95008  
(800) 698-8177 FAX (800) 698-5877

**ORDERING FIRM**

ATTY/CLM REP:	
FIRM:	
ADDRESS:	
CONTACT/PHONE	
EMAIL	
FILE/CLAIM	
REPRESENT	<input type="checkbox"/> DEFENDANT <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> APPLICANT <input type="checkbox"/> EMPLOYER <input type="checkbox"/> OTHER
INS CARRIER	

**BILL TO**     ORDERING PARTY     PARTY BELOW

FIRM	
CLAIM REP	
ADDRESS	
PHONE	
CLAIM/INSURED	

**PLEASE SELECT SERVICE**

<input type="checkbox"/> SUBPOENA (RECORDS)	<input type="checkbox"/> AUTHORIZATION
<input type="checkbox"/> TRIAL SUBPOENA	<input type="checkbox"/> COPY ONLY
DATE:	DATE NEEDED:
<input type="checkbox"/> RUSH	<input type="checkbox"/> SEEK WAIVE OF TIME
<input type="checkbox"/> IME/AME	DATE

**CASE INFORMATION**

VS.

CASE NO.:

SUPERIOR     MUNICIPAL     WCAB     USDC

COUNTY/DIST:

*IF RECORDS ARE TO BE PRODUCED TO COURT:*

TRIAL DATE:                      TIME:

JUDGE:                              DEPT:

**DELIVERY INSTRUCTIONS:**  1 SET TO ORDERING PARTY

ADDITIONAL SET TO:     APPLICANT ATTORNEY

IME/AME                       PARTY BILLED

OTHER

**ATTORNEYS OF RECORD** (Please indicate Consumer's Attorney CCP 1985.3 and 1985.6)

1.
(NAME, ADDRESS, PHONE)
2.
3.
4.
<input type="checkbox"/> PARTIES OF RECORD LIST ATTACHED

**RECORD INFORMATION**

RECORDS PERTAIN TO

D.O.B.:                      D.O.I.:                      SS#:                      AKA:                      MR#:

Please use codes to designate the records required from each location.

M Medical     B Billing     X XRays     P Psychiatric     E Employment     I Insurance (include Claim#)     O Other

1.
2.
3.
4.
5.
6.

**SPECIAL INSTRUCTIONS**

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