



- WCAB REQUEST
- CIVIL REQUEST
- RUSH

Request Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

**COPY RECORDS PERTAINING TO:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
AKA: \_\_\_\_\_ Injury Date(s): \_\_\_\_\_

**REQUESTOR AND BILLING INFORMATION**

Request By: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Atty Name: \_\_\_\_\_  
Represents: \_\_\_\_\_  
 Applicant  Plaintiff  Defendant  
 Other: \_\_\_\_\_

Send Invoice To:  Requestor  Other  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Adjustor: \_\_\_\_\_  
Ph: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Claim No(s): \_\_\_\_\_

**SUBPOENA / CASE INFORMATION**

Case No(s): \_\_\_\_\_  
Employer/Defendant: \_\_\_\_\_  
Request Type:  
 WCAB  SUPERIOR  MUNICIPAL  FEDERAL  
 AUTHORIZATION ATTACHED  
PREPARE:  
 DEPOSITION SUBPOENA  TRIAL SUBPOENA  
DISCOVERY CUTOFF: \_\_\_\_\_  
FOR:  
 RECORDS ONLY  
 PERSONAL APPEARANCE **WITH** RECORDS (20 DAYS)  
 PERSONAL APPEARANCE **WITHOUT** RECORDS (10 DAYS)  
Address: \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DEPT: \_\_\_\_\_

Opposing Counsel: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 *ADDITIONAL PARTY LIST ATTACHED!*  
Delivery Instructions:  Requestor  Other:  
Name/Address: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

**OBTAIN RECORDS FROM:**

[M]EDICAL [B]ILLING [X]-RAY FILMS [E]MPLOYMENT [W]AGE [C]LAIM FILE [O]THER:

CODE	LOCATION NAME	ADDRESS	PHONE/FAX	TREAT DATE(S)
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		

**OBTAIN RECORDS FROM (CONTINUED):**

[M]EDICAL [B]ILLING [X]-RAY FILMS [E]MPLOYMENT [W]AGE [C]LAIM FILE [O]THER:

CODE	LOCATION NAME	ADDRESS	PHONE/FAX	TREAT DATE(S)
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		
	_____	_____	PH: _____ FAX: _____	_____
SPECIAL INSTRUCTIONS		_____		

PLEASE ATTACH ADDITIONAL PAGES AS NEEDED. THANK YOU FOR YOUR ORDER. FEEL FREE TO SIGN-UP ON THE WEB AT [WWW.GOREPUBLIC.COM](http://WWW.GOREPUBLIC.COM) TO SUBMIT ORDERS ONLINE, DOWNLOAD YOUR FILES AND MUCH MORE.