



- WCAB REQUEST
- CIVIL REQUEST
- RUSH

CUSTOMERCARE@GOREPUBLIC.COM

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 TO SUBMIT ORDERS ONLINE, DOWNLOAD YOUR FILES AND MUCH MORE.