

REQUEST FOR RECORDS

FROM: **Name:**
 Firm:
 Address 1:
 Address 2:
 City/State/Zip:
 Phone:
 Fax:

CLIENT: **Name:**
 DOB:
 SSN:

REQUEST TYPE: No Affidavit Affidavit Subpoena

SERVICE: Regular Rush Need by

ATTACHMENTS:

HIPAA	attached	previously provided
Employment Authorization	attached	previously provided
Death Certificate	attached	previously provided
Letter of Representation	attached	previously provided
Power of Attorney	attached	previously provided
Other	attached	previously provided

DELIVERY METHOD:

USPS (Priority Mail)
Upload to Portal

SUBPOENA/DEPOSITION BY WRITTEN QUESTIONS

ATTORNEY:

STATE BAR NO:

REPRESENTING:

CASE STYLE:

OPPOSING COUNSEL: