



## Records Order Form

Date: \_\_\_\_\_ Requested By (Tel#): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cause No.: \_\_\_\_\_ Secretary or Paralegal: \_\_\_\_\_

County: \_\_\_\_\_  
Requesting Attorney \_\_\_\_\_ Representing \_\_\_\_\_ TBA# \_\_\_\_\_

Court #: \_\_\_\_\_ Firm: \_\_\_\_\_

Style of Case: \_\_\_\_\_

**VS.**

### RECORDS DESIRED

Records Pertaining to: \_\_\_\_\_

Specific Dates (if applicable): \_\_\_\_\_

SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

### CIRCLE ITEMS REQUESTED

Any and All	Medical Records	Bills	X-Ray Reports	X-Ray Films
Employment	Personnel	Payroll	School Records	Bank Records
Insurance Policies	Other (Please Specify) _____			

### CIRCLE QUESTION FORM DESIRED

Non-Admissible	Affidavit	Prove-Up-Admissible	Attorney Furnished
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RECORDS NEED BY: (Date) \_\_\_\_\_

**OPPOSING COUNSEL**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Representing: \_\_\_\_\_

Representing: \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Representing: \_\_\_\_\_

Representing: \_\_\_\_\_

List any additional attorneys on separate page and attach

**OBTAIN RECORDS FROM**

Please furnish any helpful information such as address, telephone, account, authorization of release or patient number, date of service, etc.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any additional deponents on separate page and attach

If no records **OBTAIN AFFIDAVIT OF NO RECORDS** \_\_\_\_\_