

Date \_\_\_\_\_

Firm Name: \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Adjuster: \_\_\_\_\_  
 Secretary: \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Court Name: \_\_\_\_\_ County: \_\_\_\_\_  
 File or Claim #: \_\_\_\_\_  
 Case No.: \_\_\_\_\_  
 Petitioner   
 Applicant   
 Plaintiff   
 vs  
 Respondent   
 Defendant   
 Representing \_\_\_\_\_  
**BILL TO:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Professional Services

THE ATTORNEYS' AID

www.CopyService.net

info@copyservice.net

P.O. BOX 3366  
 SANTA ROSA, CALIFORNIA 95402  
 (800) 458-8282 (707) 546-0825  
 FAX (707) 575-8649

O/N \_\_\_\_\_  Send Order Forms  
 D/S \_\_\_\_\_  Send Mailing Labels  
 D/D \_\_\_\_\_

Please Check Appropriate Items

<b>RECORDS RE:</b> _____	<input type="checkbox"/> Prepare SDT	<input type="checkbox"/> Obtain Medical Records
Date of Birth: _____	<input type="checkbox"/> SDT Attached	<input type="checkbox"/> Obtain X-Rays
Date of Incident: _____	<input type="checkbox"/> Auth's Attached	<input type="checkbox"/> Obtain Billing
Social Security #: _____	<input type="checkbox"/> Other (List under	<input type="checkbox"/> Obtain Employment Records
Medical Record #: _____	<input type="checkbox"/> Special Instructions)	<input type="checkbox"/> Obtain Payroll Records

OPPOSING COUNSELS TO BE NOTICED: (Include address and phone, attach list if necessary.)

SPECIAL INSTRUCTIONS/OMISSIONS:

LIST UP TO SIX LOCATIONS: (Please include phone, street address & any special notations.)

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

For additional locations please attach separate sheet.

FOR CIVIL SUBPOENAS (Should your affidavit require specific language, please attach said language.)