

Legal Photocopy Service

Sacramento Office: Tel (916) 442-3661 (800) 769-6875 Fax (916) 442-2482
 Chico Office: Tel (530) 894-2626 (800) 750-2282 Fax (530) 894-0666
 Redding Office: Tel (530) 241-7686 (800) 310-1007 Fax (530) 241-6149



LPS Work Order No. _____

REQUESTING PARTY INFORMATION (Attorney)			Order Date _____
Ordered By (Secty.) _____	Attorney _____	File # _____	
Firm Name _____		Tel/Fax _____	
Address _____	Suite _____	City _____	State/Zip _____
BILLING & INSURANCE INFORMATION (Complete if direct bill to or if records ordered by insurance Co.)			
Insurance Co. _____	Adjuster _____	Tel/Fax _____	
Street Address _____		City _____	State/Zip _____
Claim # _____	Insured _____	Date of Loss _____	
	Suffix # _____		
COURT INFORMATION			
Case Title _____		Case Number _____	
Court/Venue _____		Representing _____	
OPPOSING COUNSEL/PARTIES TO NOTICE			
Name	Address	Phone No.	
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
RECORDS PERTAINING TO			
Name _____	Date of Birth _____	SS# _____	
AKAs _____			
PLEASE INDICATE TYPE OF RECORDS NEEDED			
Medical <input type="checkbox"/>	Billing <input type="checkbox"/>	X-rays <input type="checkbox"/>	Employment <input type="checkbox"/>
Prepare Subpoena <input type="checkbox"/>	Authorization Attached <input type="checkbox"/>		
Other (Please Specify) _____			
RECORDS LOCATION			
Name	Address (City/State Required)	Phone No.	
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
6. _____	_____	_____	
7. _____	_____	_____	
8. _____	_____	_____	