

Premier Legal Support Service

RECORDS REQUEST FORM

Date: _____

Firm Name: _____

Attorney: _____ Secretary: _____ Phone: _____

Address: _____

City/State/Zip: _____

Court Name: _____

Court _____

Location: _____

Case No: _____

Case Name: _____

Representing: _____

File/Claim #: _____

Hearing Date: _____

Number of
Pages:

Tabs:

Bill To: _____

Date Records Needed: _____

Premier Legal Support Service

Records RE: _____

Date of Birth: _____

Date of Incident: _____

Social Security #: _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Prepare SDT

SDT Attached

Auth's Attached

Other (List under

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Obtain Medical Records

Obtain X-Rays

Obtain Billing

Obtain Employment Records

Special Instructions

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

SPECIAL INSTRUCTIONS/OMISSIONS:

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

1.	5.
2.	6.
3.	7.
4.	8.