

Requisition for Records



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Customer: _____
Attorney: _____ File #: _____
Address: _____
City: _____ Zip Code: _____

Records Requested by:

SUBPOENA AUTHORIZATION
ROUTINE RUSH Due by: _____

Case Name: (Short Title)

VS.

Court: _____

Case #: _____

Representing: Plaintiff(s) Defendant(s) Other

Specify: _____

Adversary/OP Counsel Notifications

1. Firm: _____

Attn: _____ Phone#: _____

Address: _____

City: _____ Zip Code: _____

2. Firm: _____

Attn: _____ Phone#: _____

Address: _____

City: _____ Zip Code: _____

Please attached for additional locations

RECORDS PERTAINING TO:

Name: _____ Age: _____ DOB: _____

Address: _____ Social Security #: _____

Additional Identifying Data: _____

LOCATION(S) OF RECORDS

Please attached for additional locations

Name/Entity: _____ Address: _____ Date of Accident/Treatment: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Return Requested Documents as Follows:

Number of Printed Sets: _____ Number of CD's: _____

- 1. ALL Medical Records in attachment including as checked below
 - a. Medical Billing and/or Statements
 - b. Original X-Rays/Films
 - c. Copies of Original X-Rays/Films
 - d. Other: _____
- 2. Miscellaneous
 - a. ALL Employment Records
 - b. ALL Financial Records
 - c. ALL Scholastic Records
 - d. Other: _____