

**Requisition for Records**



OnDemand Legal, Inc.

901 H Street, Suite 107

Sacramento CA 95814

P. (916) 329-8630

F. (916) 594-9032

E-Mail: [contactus@odlegal.net](mailto:contactus@odlegal.net)

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 with a production date of \_\_\_\_\_ as Follows:

Number of Printed Sets: \_\_\_\_\_ Number of CD's: \_\_\_\_\_

1. ALL Medical Records in attachment including as checked below 2. Miscellaneous

a. Medical Billing and/or Statements

a. ALL Employment Records

b. Original X-Rays/Films

b. ALL Financial Records

c. Copies of Original X-Rays/Films

c. ALL Scholastic Records

d. Other: \_\_\_\_\_

d. Other: \_\_\_\_\_