



SUBPOENA/AUTHORIZATION REQUEST FORM

COPY RECORDS PERTAINING TO:

NAME : _____ DATE OF INJURY: _____ TIME OF INCIDENT: _____
 AKA : _____ LOCATION OF INCIDENT: _____
 BIRTHDATE: (MM/DD/YY): _____ SOCIAL SECURITY NO.: _____
 ADDRESS OF PLAINTIFF (IF AVAILABLE): _____

CLIENT AND BILLING INFORMATION

ORDER DATE : _____ DATE REQUIRED: _____ RUSH REGULAR
 FIRM: _____ ORDERED BY: _____ FIRM CARRIER
 ATTORNEY: _____ SEND INVOICE TO: _____ FIRM CARRIER
 ADDRESS: _____ CARRIER NAME: _____
 ADJUSTER NAME: _____
 PHONE: _____ Ext: _____ ADDRESS: _____
 CONTACT PERSON: _____
 ORDERING FIRM REPRESENT: _____ PHONE: _____
 PLAINTIFF DEFENDANT OTHER CLAIM FILE # : _____
 NAME: _____ DATE OF LOSS: _____

SUBPOENA INFORMATION

CASE CAPTION: _____ OPPOSING COUNSEL: _____
 VS. _____ FIRM NAME: _____
 ADDRESS: _____
 CASE #: _____ NAME(S) AND ADDRESS(ES) NOT LISTED ABOVE: _____
 COURT ADDRESS: _____
 COUNTY: _____
 JUDICIAL DISTRICT: _____
 SUP MUN FED ARB
 ARBITRATOR: _____
 PREPARE SUBPOENA: RECS ONLY TRIAL DEPO
 APPEARANCE ADDRESS: _____
 DIVISION/DEPT.: _____ DATE: _____ TIME: _____

- LIST OF ADDITIONAL COUNSELS ATTACHED
- RECORDS TO BE MAILED TO COURT
- PERSONAL APPEARANCE WITH RECORDS

OBTAIN RECORDS FROM: (Use codes to designate requested from each location)

(M) Medical (B) Obtain Billing (D) Dental (X) Obtain X-rays (P) Psychiatric (E) Employment (O) Other, please specify _____

	LOCATION NAME	ADDRESS	PHONE NO.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

COPY INSTRUCTIONS: DATE DUE: _____ RUSH NO. OF COPIES THESE DATES ONLY : _____

FOR BIC OFFICE USE ONLY		SEND MORE REQUEST FORMS ENVELOPES
Date Received: _____	By: _____	Order: _____