

Requesting Attorney: _____ State Bar # _____
 Firm: _____ Contact: _____
 Street Address: _____ City: _____ State: _____
 Phone: (____) _____ Fax: (____) _____ Zip: _____
 E-mail: _____ Representing: Plaintiff Defendant

Opposing Counsel: _____
 Firm: _____ Contact: _____
 Street Address: _____ City: _____ State: _____
 Phone: (____) _____ Fax: (____) _____ Zip: _____
 E-mail: _____ Representing: Plaintiff Defendant

Case Caption: _____ v. _____
 Case No.: _____ Judge: _____
 Court: _____

Records Pertain to: _____

Date of Birth: _____ **Social Security #:** _____

Deponent #1: Name: _____ RUSH (ADDL. FEE)
 Address: _____ City/State/Zip: _____
 Phone No.:(____) _____ Authorization Attached Obtain from Opposing Counsel
 Specific Records Requested: _____
 Request Billing? YES NO Request Radiology? YES NO

Deponent #2: Name: _____ RUSH (ADDL. FEE)
 Address: _____ City/State/Zip: _____
 Phone No.:(____) _____ Authorization Attached Obtain from Opposing Counsel
 Specific Records Requested: _____
 Request Billing? YES NO Request Radiology? YES NO

Deponent #3: Name: _____ RUSH (ADDL. FEE)
 Address: _____ City/State/Zip: _____
 Phone No.:(____) _____ Authorization Attached Obtain from Opposing Counsel
 Specific Records Requested: _____
 Request Billing? YES NO Request Radiology? YES NO

Date: _____ Signature of Records Custodian Notarized? YES NO

Bill Requesting Attorney
 Bill Direct to Insurer Name: _____ Claim#: _____
 Address: _____

You must have **Acrobat Reader 8** or higher to complete this form online.
 You may also print and send via fax to 216.621.5444.
 Please save this form to your computer for future use.