



## SUBPOENA / RECORDS REQUEST

Date:  Service:  Routine  Rush  
Last Date to Complete:

### CLIENT INFORMATION:

Firm:	<input type="text"/>	Attorney/Bar#:	<input type="text"/>
Contact:	<input type="text"/>	Email:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>	City/State/Zip:	<input type="text"/>

### CASE INFORMATION: Your Reference #:

Court:	<input type="text"/>	Case Number:	<input type="text"/>
Plaintiff:	<input type="text"/>	Representing:	<input type="text"/>
Defendant:	<input type="text"/>		

### OPPOSING COUNSEL INFORMATION: Additional Opposing Counsel on Attachment

Firm:	<input type="text"/>	Attorney/Bar#:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>	City/State/Zip:	<input type="text"/>

### REQUEST:

- Authorization       Prepare Subpoena for Records       Prepare Deposition Subpoena  
 Trial Subpoena       Document Production/Copy Job       Other

### DETAILS:

Date of Incident:	<input type="text"/>	Records of:	<input type="text"/>
Date of Birth:	<input type="text"/>	SSN:	<input type="text"/>
Number of Sets:	<input type="text"/>		
<input type="checkbox"/> Medical Records	<input type="checkbox"/> Employment Records	<input type="checkbox"/> Billing Records	
<input type="checkbox"/> X-Ray	<input type="checkbox"/> Other	<input type="checkbox"/> Copy From <input type="text"/>	To <input type="text"/>

### SPECIAL INSTRUCTIONS: (Attach list of consumers to be noticed if applicable)

<input type="text"/>
<input type="text"/>

### LOCATIONS: Additional Locations on Attachment

Address:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>

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