



Associated Reproduction Services, Inc.  
13925 Whittier Blvd., Whittier, CA 90605  
(562) 696-1181 FAX: (562) 945-0663

ARS Rec'd:

ARS Ref:

<b>Trial Date:</b>	<input type="checkbox"/> WCAB <input type="checkbox"/> CIVIL
<b>Request Date:</b>	<input type="checkbox"/> RUSH:
<b>Due Date:</b>	(Reason, ie. Trial, AME, MSC, etc.)

**1. COPY RECORDS PERTAINING TO**

Name: \_\_\_\_\_ Injury Date(s): \_\_\_\_\_

AKA: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**2. REQUESTOR**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attorney: \_\_\_\_\_

Bar No: \_\_\_\_\_

Contact: \_\_\_\_\_

Representing:  Plaintiff/Applicant  Defendant

Other:

\_\_\_\_\_

\_\_\_\_\_

**4. SUBPOENA INFORMATION**

Case No: \_\_\_\_\_

Case Caption: \_\_\_\_\_

vs: \_\_\_\_\_

County: \_\_\_\_\_

Judicial District: \_\_\_\_\_

Request  SUP  MUN  FED  ARB  WCAB

Type:  Authorization Attached  Client Subpoena

Prepare:  Deposition Subpoena  Trial Subpoena

Discovery Cutoff Date: \_\_\_\_\_

For:  Records Only

Personal Appearance **WITH** Records

Personal Appearance **WITHOUT** Records

Appearance Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dept/Div: \_\_\_\_\_

**7. OBTAIN RECORDS FROM (Use codes below to designate what records are needed from each location)**

Codes: [M]edical [B]illing [X]-ray Films [E]mployment [W]age [C]laim File [O]ther:

Code	Location Name	Address	Phone	Treat Date(s)

Additional Copy Locations Attached Copy:  Any and All  These Dates Only

Special Instructions (attach claim or application form): \_\_\_\_\_

\_\_\_\_\_

**3. BILLING INFORMATION**

Send Invoice To:  Requestor  Carrier (provide detail below)

Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Adjustor: \_\_\_\_\_ Ext: \_\_\_\_\_

Claim No: \_\_\_\_\_

Employer / Insured: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Additional Carrier List Attached

**5. OPPOSING COUNSEL**

Counsel: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Representing:  Plaintiff/Applicant  Defendant

Other:

\_\_\_\_\_

Additional Counsels List Attached

**6. DELIVERY INSTRUCTIONS**

Requestor Qty  Paper:  Duplex:  CD:

Other Qty Req'd  Paper:  Duplex:  CD:

Name/Address: \_\_\_\_\_

\_\_\_\_\_

Additional Delivery List Attached

By Sending this order, I/we herewith authorize ASSOCIATED REPRODUCTION SERVICES to act as my/our representative for the purpose of procuring/transferring all records in accordance with the directives contained in this order form. The party ordering the records accepts responsibility for the cost of obtaining said records. In the event a third party is billed, the ordering firm is held responsible until payment is received. The ordering party may be held liable for all costs associated with collections of this order.