

REPLICA  
"Your Legal Copy Solution"  
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**Civil Request Order Form**

Order Date: \_\_\_\_\_

Required Date: \_\_\_\_\_

REGULAR

RUSH

CREATE SUBPOENA:  FEDERAL

CIVIL

AUTHORIZATION ATTACHED

<b>CLIENT INFORMATION</b>		<b>OPPOSING COUNSEL/MAILING LIST</b>	
FIRM NAME: _____		FIRM NAME: _____	
ATTORNEY'S NAME: _____		ATTORNEY NAME: _____	
ADDRESS: _____		ADDRESS: _____	
PHONE NO: _____ FAX NO: _____		PHONE NO: _____ FAX NO: _____	
FILE NO: _____		REPRESENTS: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> OTHER: _____	
CONTACT PERSON: _____		_____	
EMAIL ADDRESS: _____		<input type="checkbox"/> SEE ATTACHED FOR ADDITIONAL OPPOSING COUNSELS/MAILING LIST	
<b>CASE INFORMATION</b>			
PLANTIFF: _____		CASE NO.: _____	
VS.			
DEFENDANT: _____		COURT BRANCH NAME: _____	
YOUR FIRM REPRESENTS: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> OTHER _____			
<b>OBTAIN RECORDS PERTAINING TO</b>		<b>SPECIAL INSTRUCTIONS</b>	
NAME: _____		PRODUCTION OF DOCUMENTS:	
A.K.A.: _____		PAPER _____ CD _____	
DATE OF BIRTH: _____		BATE STAMP _____ SEQUENCE: _____	
SOCIAL SECURITY: _____			
<b>LOCATIONS</b>		<b>LOCATIONS</b>	
Location Name: _____		Location Name: _____	
Address: _____		Address: _____	
Tel: _____		Tel: _____	
Location Name: _____		Location Name: _____	
Address: _____		Address: _____	
Tel: _____		Tel: _____	
<b>TYPE OF RECORDS NEEDED</b>		<b>NOTES:</b>	
<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> MEDICAL <input type="checkbox"/> INSURANCE <input type="checkbox"/> BILLING <input type="checkbox"/> X-RAYS			
<input type="checkbox"/> OTHER: _____			