

REPLICA  
P.O. BOX 40332  
Downey, CA 90239  
"Your Legal Copy Solution"

**Civil Request Order Form**

T:888.519.6026

F:888.519.6028

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

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

REGULAR  RUSH

<p><b>Customer/ Billing Information</b></p> <p>Firm Name: Attorney's Name: Address:  Phone No: Fax No: Claim No: Contact Person:</p>	<p><b>Send Invoice To:</b> <input type="checkbox"/> Your Firm <input type="checkbox"/> Carrier</p> <p>Carrier: Adjuster's Name: Address:  Phone No: Fax No: Claim No: Insured's Name: Date of Loss:</p>
<p><b>SUBPOENA INFORMATION</b></p> <p>CASE CAPTION VS.  CASE NUMBER:  COUNTY: _____ District: _____ <input type="checkbox"/> CREATE SUBPOENA <input type="checkbox"/> AUTHORIZATION ATTACHED <input type="checkbox"/> SUPERIOR <input type="checkbox"/> FEDERAL <input type="checkbox"/> CIVIL <input type="checkbox"/> WCAB</p> <p>YOUR FIRM REPRESENTS: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> OTHER</p>	<p><b>OPPOSING COUNSEL</b> <input type="checkbox"/> Additional Counsel Attached</p> <p>FIRM NAME: ATTORNEY NAME: ADDRESS:  PHONE NO:  FIRM REPRESENTING RECORDS SUBJECT: <input type="checkbox"/> YOUR FIRM <input type="checkbox"/> OPPOSING COUNSEL <input type="checkbox"/> OTHER FIRM:</p>
<p><b>RECORDS SUBJECT</b></p> <p>NAME:  DATE OF BIRTH:  SOCIAL SECURITY:</p>	<p><b>SEND COPYS TO</b></p> <p>CARRIER: _____ PAPER _____ CD ATTORNEY FIRM: _____ PAPER _____ CD OTHER <input type="checkbox"/> _____ PAPER _____ CD IF OTHER PLEASE PROVIDE ADDRESS:</p>
<p><b>LOCATIONS</b></p> <p>Location Name:  Address:  Tel:</p>	<p><b>LOCATIONS</b></p> <p>Location Name:  Address:  Tel:</p>
<p>Location Name:  Address:  Tel:</p>	<p>Location Name:  Address:  Tel:</p>
<p><b>ORDER INSTRUCTIONS:</b></p> <p><input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> MEDICAL <input type="checkbox"/> INSURANCE <input type="checkbox"/> BILLING <input type="checkbox"/> X-RAY FILMS</p>	<p><b>NOTES:</b></p>

REPLICA  
P.O. BOX 40332  
Downey, CA 90239  
"Your Legal Copy Solution"

**Civil Request Order Form**

T:888.519.6026

F:888.519.6028

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

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

REGULAR

RUSH

Location Name: Address: Tel:	Location Name: Address: Tel:
Location Name: Address: Tel:	Location Name: Address: Tel:
Location Name: Address: Tel:	Location Name: Address: Tel: