



ARS, LLC. EMAIL: ORDERS@ARSLEGALCA.COM
 P.O. Box 3399 Torrance, CA 90510
 (844)241-5016 FAX: (844)241-5018

Trial Date:	<input type="checkbox"/> WCAB <input type="checkbox"/> CIVIL
Request Date:	<input type="checkbox"/> RUSH:
Due Date:	(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 Type: SUP MUN FED ARB WCAB
 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: _____

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

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): _____

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.