

**1773 W. San Bernardino Rd., Ste. B48 West Covina, CA 91790**

WCAB Request

Civil Request

Personal Injury

Request Date:

Records Review

RUSH

Pagination

CD-Rom

Due Date:

**Please Include: Case#**  **HIPPA Auth. Application of Adjudication**

|  |  |
| --- | --- |
| Client/Applicant | Employer/ Insured |

**Name:**

**AKA:**

**DOB:   SSN:**

**DOI:**

**Name:**

**Address:**

**City: State: \_\_ Zip:**

**Phone:  Fax:**

|  |  |
| --- | --- |
| Requestor | Billing Information |

**Requestor:**

**Atty: , Esq.**

**Firm:**

**Address:**

**City: State: \_\_\_ Zip:**

**Phone: Fax:**

**For: Applicant Plaintiff Defendant**

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

**Adjuster:**

**Address:**

**City:  State: \_\_\_ Zip:**

**Phone: Fax:**

**Claim#:**

|  |  |
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| Case Caption | Opposing Counsel |

**Plaintiff:**

**Defendant:**

**Superior Municipal Federal**

# Address:

# City: State: \_\_\_ Zip:

# Date: Time: Dept/Div:

**Prepare: Deposition Subpoena Trial Subpoena**

**Discovery Cutoff Date:**

**Atty: , Esq.**

**Firm:**

**Address:**

**City: State: \_\_\_ Zip:**

**Phone: Fax:**

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| Delivery Instructions |

**Deliver to: Requestor Opposing Counsel Other**

# Attn:

# Firm/Office:

# Address:

# City: State: \_\_\_Zip:

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| **Copying Instructions** |

**Type of Records Location Name & Address Phone Date(s)**

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| **Special Instructions**  **any and all** | |  | | |
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| **Special Instructions**  **any and all** | |  | | |
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| **Special Instruction**  **any and all** | |  | | |

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| **Special Instructions**  **any and all** | |  | | |
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| **Special Instructions**  **any and all** | |  | | |
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| **Special Instruction**  **any and all** | |  | | |

**Type of Records Location Name & Address Phone Date(s)**

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| **Special Instructions**  **any and all** | |  | | |
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| **Special Instruction**  **any and all** | |  | | |