

WCAB REQUEST  
CIVIL REQUEST  
PERSONAL INJURY

# Real Time Records

RECORDS REVIEW  
RUSH  
PAGINATION  
CD-ROM  
Due Date: \_\_\_\_\_

Request Date: \_\_\_\_\_

1773 W. SAN BERNARDINO RD., STE. B48 WEST COVINA, CA

Please Include: Case# \_\_\_\_\_ HIPPA Auth. Application of Adjudication

## CLIENT/APPLICANT

## EMPLOYER/ INSURED

Name: \_\_\_\_\_

Name: \_\_\_\_\_

AKA: \_\_\_\_\_

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

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

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

DOI: \_\_\_\_\_

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

## REQUESTOR

## BILLING INFORMATION

Requestor: \_\_\_\_\_

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

Atty: \_\_\_\_\_,

Adjuster: \_\_\_\_\_

Esq.

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

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

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

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

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

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

Claim#: \_\_\_\_\_

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

For: Applicant Plaintiff Defendant

## CASE CAPTION

## OPPOSING COUNSEL

Plaintiff: \_\_\_\_\_

Atty: \_\_\_\_\_, Esq.

Defendant: \_\_\_\_\_

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

Superior Municipal Federal

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

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

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

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

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept/Div: \_\_\_\_\_

Prepare: Deposition Subpoena Trial Subpoena

## Delivery Instructions

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

Deliver to: REQUESTOR OPPOSING COUNSEL OTHER

By submitting this order form to REAL TIME RECORDS, INC., I / we herewith authorize 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.

Attn: \_\_\_\_\_

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

Firm/Office: \_\_\_\_\_

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

**COPYING INSTRUCTIONS**

TYPE OF RECORDS	LOCATION NAME & ADDRESS	PHONE	DATE(S)
Special Instructions ANY AND ALL			
Special Instructions ANY AND ALL			
Special Instructions ANY AND ALL			
Special Instruction ANY AND ALL			

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Special Instructions ANY AND ALL			
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<b>Special Instruction</b> ANY AND ALL	
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