

Med-Legal, Inc. Order Form

Date Ordered:

Court date or date needed:

APPLICANT/PLAINTIFF INFORMATION

CASE INFORMATION

Name: _____
 AKA: _____
 Birth Date: _____ Social Security #: _____
 Defendant: _____

Injury Date: _____
 Type of Entity: CORP/LP/LLC INDIVIDUAL(s)
 Case #(REQUIRED): _____

ORDERING PARTY: Applicant/Plaintiff Defense
 CASE TYPE: Workers Comp P.I./Civil Social Security

PARTY LIST (if billing Carrier)

Insurance: _____

 Claim # _____
 Adjuster: _____
 Opposing Atty: _____

Your name: _____
 Firm: _____

 Phone: _____

Bill To: Ordering Party Carrier
 Other _____

Deliver Records To: Same Opposing Atty Carrier
 Other _____

Number of Sets:
 Single Sided Double Sided
 Searchable CD Categorized/TOC
 Records Review

For Civil Service
 Venue: _____
 Handling Atty: _____
 Judge: _____ Room#: _____

Notes

Locations

Name _____
 Addr _____
 City, ST Zip _____
 Phone: _____
 Produce Documents: _____

Documents and/or Appearance: Party Non-Party
 Hearing/Trial Notice of Deposition Authorization
 Trial Date: _____ Trial Time: _____
 Place of Trial: _____

Name _____
 Addr _____
 City, ST Zip _____
 Phone: _____
 Produce Documents: _____

Documents and/or Appearance: Party Non-Party
 Hearing/Trial Notice of Deposition Authorization
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 Covina, CA 91724

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