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Send Invoice To: Attorney Firm Carrier

Attorney's Name: _____ SBN: _____

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Address: _____

Address: _____

Phone: () _____ Fax: () _____

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Email Address: _____

Email Address: _____

File #: _____ Contact Person: _____

Claim File Number: _____

Firm Represents: Plaintiff Defendant Name _____

Date of Loss: _____

SUBPOENA INFORMATION

Case Caption _____

Opposing Counsel: _____

vs. _____

Address: _____

Case Number: _____

List of Additional Counsel (Service List) Attached.

Prepare Subpoena: Civil Federal Arbitration

Court Address: _____

Type of Subpoena: Trial Records Deposition

Personal Appearance With Records Mail to Court

District: _____ County: _____

Hostile? Y/N _____ OK to Sub-serve? Y/N _____ On Call? Y/N _____

Judge/Arbitrator: _____

Appearance Address: _____

Division/Department: _____

Date: _____ Time: _____

COPY RECORDS PERTAINING TO:

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Name: _____

Carrier: _____ Paper _____ CD _____ Download

AKA: _____

Attorney Firm: _____ Paper _____ CD _____ Download

Birthdate: ____/____/____ Social Security #: _____

**Other: Benchmark: _____ Paper _____ CD _____ Download

** Other: Please Provide Address

SERVE/COPY RECORDS AT:

Record Codes (See Below)

1. Location _____

Phone Number () _____

Address _____

Limit Dates? Yes No

2. Location _____

Phone Number () _____

Address _____

Limit Dates? Yes No

3. Location _____

Phone Number () _____

Address _____

Limit Dates? Yes No

Additional Locations/Instructions Attached

Limit Records to Certain Dates. From: ____/____/____ To: ____/____/____

RECORD CODES

MEDICAL RECORDS

M - Medical Records
B - Medical Billing
R - Film Reports
P - Psychiatric Records
S - Sign-in Sheets

FILMS

X - X-rays
Q - MRI's
Z - CT Scans

EMPLOYMENT

E - Employment Records
Y - Payroll Records

OTHER

A - Academic Records
I - Insurance Records
C - Court File
W - WCAB File
D - EDEX Report (WCAB)
O - Other _____

SEND MORE: Forms Envelopes