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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: _____

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Record Codes (See Below)

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Additional Locations Attached

Special Instructions: _____

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
- O - Other _____

SEND MORE: Forms Envelopes