



Where Knowledge & Service Matter
 19700 S. Vermont Ave. Suite 225
 Torrance, CA 90502
 Tel: (800) 441-4107 Fax: (310) 464-8654

Order Date:	<input type="checkbox"/> Standard
Due Date:	<input type="checkbox"/> Rush Order
	<input type="checkbox"/> Hand Deliver Notice
Contact Name:	
E-mail address:	

BILLING INFORMATION / CARRIER **DELIVER TO:**

BILL TO: <input type="checkbox"/> FIRM <input type="checkbox"/> CARRIER			
Firm:		Firm:	
Address:		Address:	
City:	State:	Zip:	
Telephone Number:		Telephone Number:	
Date of Loss:		Handling Attorney:	
Adjuster's name:		SBN:	
Claim number:		Client Matter File Number:	
Name of Insured:		Party You Represent:	

RECORDS PERTAINING TO:

First Name(s):	Middle:	Last:
AKA (If Applicable):	Date of Birth:	S.S. Number:

AUTHORITY FOR RELEASE OF RECORDS:

- | | |
|--|--|
| <input type="checkbox"/> Authorization Attached | Prepare & Serve (Check boxes that apply) |
| <input type="checkbox"/> Public Records | |
| <input type="checkbox"/> Arrange to Copy Records | |
| <input type="checkbox"/> Deposition Officer Only | |
| <input type="checkbox"/> Use Subpoena Enclosed | |
| <input type="checkbox"/> Trial Subpoena | |
| | <input type="checkbox"/> Deposition Subpoena |
| | <input type="checkbox"/> Records Only |
| | <input type="checkbox"/> Appearance Only |
| | <input type="checkbox"/> Appearance with Records |

PLEASE COMPLETE THE FOLLOWING SECTION IF TITAN LEGAL WILL ASSIST IN THE PREPARATION OF THE SUBPOENA

Case Title (Plaintiff):	vs. (Defendant):		
Case Number:	Court Name:		
County:	Court Address:		
<i>FOR TRIAL ONLY</i>			
For Deposition Appearance only	Date:	Trial Date:	Time:
Location:			
Opposing Counsel(s) to be notified: <i>(Please enclose mailing list if more than 2)</i>			
Firm Name:	Firm Name:		
Address:	Address:		
City:	State:	Zip:	
Handling Attorney:	Handling Attorney:		
Telephone Number:	Telephone Number:		
Party they Represent:	Party they Represent:		

COPY INSTRUCTION CODES:

M Medical records	B Billing records	X All radiological films	E Employment/personnel records
S School records	I Insurance/claim records	O Other, must Specify or provide attachment	

Please indicate the record code after each custodian location. If locations exceed four entries, please enclose separate list.

Name:	
Address:	
City:	State: Zip:
Phone #:	Record code(s):
Special Instructions:	



Where Knowledge & Service Matter
 19700 S. Vermont Ave. Suite 225
 Torrance, CA 90502
 Tel: (800) 441-4107 Fax: (310) 464-8654

Order Date:	<input type="checkbox"/> Standard
Due Date:	<input type="checkbox"/> Rush Order
	<input type="checkbox"/> Hand Deliver Notice
Contact Name:	
E-mail address:	

Custodian information:

Name:		
Address:		
City:	State:	Zip:
Phone #:	Record code(s):	
Special Instructions:		

Name:		
Address:		
City:	State:	Zip:
Record code(s):		
Special Instructions:		

Name:		
Address:		
City:	State:	Zip:
Record code(s):		
Special Instructions:		

Name:		
Address:		
City:	State:	Zip:
Record code(s):		
Special Instructions:		

Name:		
Address:		
City:	State:	Zip:
Record code(s):		
Special Instructions:		

Please attach any additional documents and or information with this form.