



Where Knowledge & Service Matter  
 19750 S. Vermont Ave. Suite 230  
 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:	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 WHITMONT WILL ASSIST IN THE PREPARATION OF THE SUBPOENA**

Case Title (Plaintiff):	vs. (Defendant):
Case Number:	Court Name:
County:	Court Address:
<b>FOR TRIAL ONLY</b>	
For Deposition Appearance only	Dept: Trial Date: Time:
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:	City: State: Zip:
Handling Attorney:	Handling Attorney:
Telephone Number:	Telephone Number:
Party they Represent:	Party they Represent:

**COPY INSTRUCTION CODES:**

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

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 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:



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Order Date:	<input type="checkbox"/> Standard
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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.