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Order Date

Attorney Name: Routine Rush

Attention: Date Needed Client File Number

Firm Name Hearing Date Time

Address Room Dept.

City Authorization or Subpoena Attached

Phone No. Serve & Copy Copy

Representing Plaintiff Defendant

Please obtain Records of:

Any AKA'S

Date of Birth Social Security No. DOI

RECORDS ARE LOCATED AT:

1. Name of Facility <input type="text"/>	2. Name of Facility <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
City, State, Zip Code <input type="text"/>	City, State, Zip Code <input type="text"/>
Area Code Phone # <input type="text"/>	Area Code Phone # <input type="text"/>
3. Name of Facility <input type="text"/>	4. Name of Facility <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
City, State, Zip Code <input type="text"/>	City, State, Zip Code <input type="text"/>
Area Code Phone # <input type="text"/>	Area Code Phone # <input type="text"/>

Records Needed; Employment Payroll Medical Billing X-Rays Scholastic

please prepare Subpoena Court Case #

fax for Review (if preparing Subpoena must fill out opposing Counsel list below)

OPPOSING COUNSEL LIST OR MAILING LIST

NAME	ADDRESS	CITY, STATE, ZIP CODE	TEL NO.
1.			
2.			
3.			

Please print form and Fax it to us at (213) 484-3852