

THE GALLAGHER GROUP

LEGAL PHOTOCOPY SERVICES AND COURT REPORTING

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Email orders to: chuck@gallagherlegal.com

DATE: _____

JOB NO. _____

CLIENT INFORMATION

ATTY _____

FIRM _____

SCTY _____

PHONE _____ FAX _____

CASE CAPTION

--VS--

REPRESENTS: _____

NAME OF COURT: _____

CASE NO. _____

OPPOSING COUNSEL INFORMATION: (ATTACH SEPARATE PAGE FOR ADDITIONAL)

1. ATTY _____

FIRM _____

ADDR _____ PHONE _____

SUITE _____

CITY _____ ZIP _____

REPRESENTS _____

2. ATTY _____

FIRM _____

ADDR _____

SUITE _____ PHONE _____

CITY _____ ZIP _____

REPRESENTS _____

RECORDS REQUESTED FOR:

NAME _____ DOB _____ SSAN _____

DATE OF LOSS _____ OTHER ID INFO _____

TYPE OF RECORDS REQUESTED:

MEDICAL SCHOOL EMPLOYMENT OTHER _____

RECORDS LOCATION: (INCLUDE FULL NAME, ADDRESS AND PHONE INFORMATION)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

SPECIAL INSTRUCTIONS:

DATE RANGE NEEDED: _____

SPECIFIC ASSIGNMENT-MARK APPROPRIATE BOXES:

OBTAIN ALL RECORDS

PREPARE SUBPENA

R U S H (Extra charge)

OBTAIN X-RAYS

OBTAIN BILLING

AUTHORIZATION ATTACHED

OTHER: _____