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Order Form

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COPY RECORDS PERTAINING TO

Name: _____	Injury Date(s): _____
AKA: _____	SSN: _____ DOB: _____

REQUESTOR INFORMATION

Carrier/Firm: _____

Address: _____

Phone: _____ **Fax:** _____

Adjustor/Atty: _____

Bar No: _____

Contact: _____

Representing: ☐ Plaintiff ☐ Defendant
☐ Other ☐ See Attached

BILLING INFORMATION

Send Invoice To: ☐ Requestor ☐ Carrier (provide detail below)

Carrier: _____

Address: _____

Phone: _____ **Fax:** _____

Adjustor: _____

Claim No: _____

Inv. Attn: _____

Employers/Insured: _____

Address: _____

☐ Additional Carrier List Attached

SUBPOENA INFORMATION

Case No: _____ **Trial Date:** _____

Case Caption: _____ **vs:** _____

Request Date: _____ **Due Date:** _____

County: _____

Judicial District: _____

Request Type: ☐ RUSH ☐ WCAB ☐ SUP
☐ Authorization Attached ☐ Client Subpoena

Prepare: ☐ SDT ☐ Deposition Subpoena
☐ Discovery Cutoff Date ☐ Trial Subpoena

For: ☐ Records only
☐ Personal Appearance WITH Records
☐ Personal Appearance WITHOUT Records
☐ Service of Summons

Appearance Address: _____

Date: _____ **Time:** _____

Dept/Div: _____

OPPOSING COUNSEL

Counsel: _____

Firm: _____

Address: _____

Phone: _____ **Fax:** _____

Representing: ☐ Plaintiff ☐ Defendant
☐ Other

☐ Additional Carrier List Attached

DELIVERY INSTRUCTIONS

Requestor Qty#: _____ **Paper #:** _____ **CD #:** _____

Other Qty Req'd#: _____ **Paper #:** _____ **CD #:** _____

Name/Address: _____

☐ Additional DElivery List Attached

OBTAIN RECORDS FROM (use codes below to designate what records are needed from each location)

Codes: [M]edical [B]illing [X]-ray Films [E]mployment [W]age [C]laim File [A]ny and All [T]hese dates only [O]ther

	Location Name	Address	Phone	Date of TX/EMP
1				
2				
3				
4				
5				

☐ Additional Copy Locations Attached

Special Instructions: _____