

**DOCUMENT ACQUISITION SERVICES**  
1201 Richardson Drive, Ste 260 \* Richardson, TX 75080  
Phone: (972) 231-3807 Fax: (972) 231-9703

**STYLE OF CASE**

VS.

Ordered by: \_\_\_\_\_  
Date Ordered: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Bar No: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Fax No.: \_\_\_\_\_

Judicial District No: \_\_\_\_\_  
Court Case No.: \_\_\_\_\_  
Name of Court: \_\_\_\_\_  
County of: \_\_\_\_\_

**Representing:** Plaintiff or Defendant

**INSTRUCTIONS:**

Admissible Inadmissible w/Affidavit Authorization

**OTHER ATTORNEY(S) OF RECORD:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Fax No: \_\_\_\_\_  
Representing: \_\_\_\_\_

**DIRECT BILLING INFORMATION**

Insurance Co: \_\_\_\_\_  
Adjuster: \_\_\_\_\_  
Claim No: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Fax No: \_\_\_\_\_  
Representing: \_\_\_\_\_

**PERTAINING TO:**

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Maiden or AKA \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security No: \_\_\_\_\_  
Date of Treatment or other Identifying info: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF RECORDS ORDERED:**

Medical \_\_\_\_\_ Billing \_\_\_\_\_  
X-Rays \_\_\_\_\_ Employment & Payroll \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Other: \_\_\_\_\_

**(Please provide an accident report if this is an auto accident)**

**RECORD LOCATIONS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**SUBMIT**