



Request For Records

Photocopy Service
1971 E 4th Street, Suite 220
Santa Ana, CA 92705
tel: 714.479.1650

Knox File #

Firm Name & Address		Knox Acct #	Date Ordered	Date Needed
Attorney		Attention	Representing	plantiff/defendant
File Number	Phone #	Fax #	Furnish	Set(s) Of Photocopies
			<input type="checkbox"/> Medical Records	<input type="checkbox"/> Billing Records
			<input type="checkbox"/> Employment Records	<input type="checkbox"/> X-Rays
			<input type="checkbox"/> From, any and all dates	<input type="checkbox"/> Plans/Blueprints
			<input type="checkbox"/> For Dates of	<input type="checkbox"/> Other
PLAINTIFF			SPECIAL INSTRUCTIONS:	
vs.				
DEFENDANT				
Court	Case Number			
RECORDS OF:				
Date of Birth:	SSN		Date Of Accident	
<input type="checkbox"/> Authorization is enclosed <input type="checkbox"/> Prepare & Serve Depo Subpoena for Business Records <input type="checkbox"/> Public Record/Court File				
<input type="checkbox"/> No Authorization needed, explanation:				
Counsel to be notified:			Counsel to be notified:	
COPY RECORDS AT:				
ADDRESS			PHONE	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Report:				
APPROVED DIRECT INSURANCE BILLING			PLEASE SEND:	
CARRIER NAME:			<input type="checkbox"/> MORE REQUEST RECORD FROMS	
ADDRESS:			<input type="checkbox"/> SERVICE OF PROCESS FORMS	
CITY, STATE, ZIP:			<input type="checkbox"/> MESSENGER FROMS	
INSURED:			<input type="checkbox"/> A KNOX REPRESENTATIVE TO VISIT YOUR OFFICE	
CLAIM NUMBER:				
ADJUSTER:				