

# J.J. Photocopy Service Inc.

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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