

DATE ORDERED: \_\_\_\_\_  
DATE NEEDED: \_\_\_\_\_



# ACE

## IMAGING TECHNOLOGIES, INC.

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FAX: (805) 654-8709  
ventura@acelegal.com

### ORDERED BY

Atty / Ext: \_\_\_\_\_  
Secretary / Ext: \_\_\_\_\_  
Email: \_\_\_\_\_  
State Bar Number: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
File No.: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_

### OPPOSING COUNSEL:

Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### AUTHORITY FOR THE RELEASE OF RECORDS:

- Signed Authorization
- Deposition Subpoena
- Trial Subpoena
- Federal Subpoena
- Uninsured Motorist Arbitration Subpoena
- American Arbitration Subpoena

### DELIVER RECORDS TO:

- Your Office: \_\_\_\_\_ # of Set (s)
- Opposing Counsel: \_\_\_\_\_ # of Set (s)
- Medical Examiner / Other: \_\_\_\_\_ # of Set (s)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_

Would you like a CD with your hard Copies?  Yes  No

### COURT INFORMATION

Case Caption: \_\_\_\_\_  
vs. \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Court Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Judicial District: \_\_\_\_\_

Personal Appearance  With Records

Bate Stamp:  Yes  No  Prefix: \_\_\_\_\_

**Appearance Address:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Your Firm Represents:

- Plaintiff  Defendant  Applicant  Respondent

**RECORDS PERTAIN TO:** Name: \_\_\_\_\_

AKA's: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

### 1 RECORDS LOCATIONS:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

- Record Type:**  Medical  Billing  X-Rays Reports  X-Rays Film  Sign-In-Sheet  Copy All Dates
- Insurance  Employment  Payroll  Scholastic  Copy Only these Dates  Other \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

\*See next page for multiple locations.

2

**RECORDS LOCATIONS:**

Name: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_

- Record Type:**    Medical             Billing             X-Rays Reports     X-Rays Film     Sign-In-Sheet     Copy All Dates
- Insurance     Employment     Payroll             Scholastic             Copy Only these Dates     Other \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

3

**RECORDS LOCATIONS:**

Name: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_

- Record Type:**    Medical             Billing             X-Rays Reports     X-Rays Film     Sign-In-Sheet     Copy All Dates
- Insurance     Employment     Payroll             Scholastic             Copy Only these Dates     Other \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

4

**RECORDS LOCATIONS:**

Name: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_

- Record Type:**    Medical             Billing             X-Rays Reports     X-Rays Film     Sign-In-Sheet     Copy All Dates
- Insurance     Employment     Payroll             Scholastic             Copy Only these Dates     Other \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

5

**RECORDS LOCATIONS:**

Name: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_

- Record Type:**    Medical             Billing             X-Rays Reports     X-Rays Film     Sign-In-Sheet     Copy All Dates
- Insurance     Employment     Payroll             Scholastic             Copy Only these Dates     Other \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

6

**RECORDS LOCATIONS:**

Name: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_

- Record Type:**    Medical             Billing             X-Rays Reports     X-Rays Film     Sign-In-Sheet     Copy All Dates
- Insurance     Employment     Payroll             Scholastic             Copy Only these Dates     Other \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_