

Firm Name: \_\_\_\_\_ Date/Time Of Pick-up: \_\_\_\_\_ / \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Due Date/Time: \_\_\_\_\_ / \_\_\_\_\_ ☐ RUSH  
Employee E-mail: \_\_\_\_\_ Client/Ref. Number: \_\_\_\_\_

**Records of:**

Name: \_\_\_\_\_ Alias: \_\_\_\_\_  
DOB: \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
SSN: \_\_\_\_\_

**-Document Retrieval-****Request Type:**

☐ Signed Authorization  
☐ Subpoena

**Scan:**

	Y	N
Covers	<input type="checkbox"/>	<input type="checkbox"/>
Spines	<input type="checkbox"/>	<input type="checkbox"/>
File Folders	<input type="checkbox"/>	<input type="checkbox"/>
Divider Tabs	<input type="checkbox"/>	<input type="checkbox"/>
Post-its	<input type="checkbox"/>	<input type="checkbox"/>

**File Type:**

☐ .TIF  
☐ .PDF (default) \*  
☐ .JPG

**-Mobile Scan-****Doc Breaks:**

☐ Mirror Physical  
☐ Single PDF No Breaks (default) \*

**Color Scan:**

☐ As Original (default)\*  
☐ All Black & White

Digital Bates: \_\_\_\_\_  
(ex: CF0001)

**OCR:**

☐ Searchable PDF/ TIFF  
☐ Editable In: \_\_\_\_\_  
(ex: word, word perfect, etc.)

**Print:**

☐ Print Scanned Documents:  
Number of Sets: \_\_\_\_\_  
☐ Print Without Bates

**Custodian #1 Information:****-Locations-**

Facility Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Requested Date Document Range: \_\_\_\_\_ (if left blank default is all records provided) \*

Specify Record Types Needed: ☐ Medical ☐ X-Rays ☐ Billing ☐ Employment ☐ Payroll ☐ Personnel  
☐ Other \_\_\_\_\_

**Custodian #2 Information:**

Facility Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Requested Date Document Range: \_\_\_\_\_ (if left blank default is all records provided) \*

Specify Record Types Needed: ☐ Medical ☐ X-Rays ☐ Billing ☐ Employment ☐ Payroll ☐ Personnel  
☐ Other \_\_\_\_\_

**Custodian #3 Information:**

Facility Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Requested Document Date Range: \_\_\_\_\_ (if left blank default is all records provided) \*

Specify Record Types Needed: ☐ Medical ☐ X-Rays ☐ Billing ☐ Employment ☐ Payroll ☐ Personnel  
☐ Other \_\_\_\_\_

**-OTHER-**

Lawcopy offers many other options beyond the constraints of this form. Please put special requests here.

\_\_\_\_\_  
\_\_\_\_\_