

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

Records of:**-Document Retrieval-****Request Type:**

Name: _____ Alias: _____
DOB: _____ Date of Accident: _____
SSN: _____

☐ 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

OCR:

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

Print:

☐ Print Scanned Documents:
Number of Sets: _____
☐ Print Without Bates

Digital Bates: _____
(ex: CF0001)

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.

