



**Photocopy Service**

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# Request For Records

Steve Knox  
PRESIDENT  
John Maguire  
VICE PRESIDENT  
Terry Ashman  
AREA MANAGER

Knox File #

Firm Name & Address		Knox Acct #		Date Ordered	Date Needed
Attorney		Attention		Representing	plantiff/defendant
File Number		Phone #		Furnish	Set(s) Of Photocopies
		Fax #		<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 \_\_\_\_\_

Authorization is enclosed     Prepare & Serve Depo Subpoena for Business Records     Public Record/Court File

No Authorization needed, explanation: \_\_\_\_\_

Counsel to be notified:	Counsel to be notified:
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COPY RECORDS AT:	ADDRESS	PHONE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Report: \_\_\_\_\_

<p>APPROVED DIRECT INSURANCE BILLING</p> <p>CARRIER NAME:</p> <p>ADDRESS:</p> <p>CITY, STATE, ZIP:</p> <p>INSURED:</p> <p>CLAIM NUMBER:</p> <p>ADJUSTER:</p>	<p>PLEASE SEND:</p> <p><input type="checkbox"/> MORE REQUEST RECORD FROMS</p> <p><input type="checkbox"/> SERVICE OF PROCESS FORMS</p> <p><input type="checkbox"/> MESSENGER FROMS</p> <p><input type="checkbox"/> A KNOX REPRESENTATIVE TO VISIT YOUR OFFICE</p>
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