



ELECTRONIC
LITIGATION
SUPPORT

REQUEST FOR MEDICAL RECORDS _____ EMPLOYMENT _____ (MARK ONE)

INJURED PARTY: _____

CLAIM NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____

EMPLOYER _____

DATE OF INJURY _____

CLAIMS REP _____ DATE _____

INJURED PARTY ATTORNEY _____

INJURED PARTY ADDRESS _____

ENTITIES TO BE SUBPOENAD

1) _____

2) _____

3) _____

4) _____

5) _____

SPECIAL INSTRUCTIONS

