

SUBPOENA PRO ORDER FORM

Subpoena and records-copy request intake

Email this form to Subpoenapro@yahoo.com

1. RECORDS REQUESTED

☐ Medical ☐ Employment ☐ Insurance ☐ Other

2. CASE INFORMATION

CASE NAME / CAPTION

CASE NUMBER

EMPLOYEE / APPLICANT

DEFENDANT / EMPLOYER

3. REQUESTING FIRM AND BILLING

REQUESTING FIRM

ATTORNEY

ORDERED BY / CONTACT

INSURANCE COMPANY / ADMINISTRATOR

CLAIM NUMBER(S)

BILLING EMAIL

BILLING ATTENTION

BILLING ADDRESS

4. FILING AND SCHEDULING

☐ WCAB ☐ Superior Court ☐ Municipal Court ☐ Other

VENUE / BOARD / COURT LOCATION

EAMS CASE NUMBER

DATE ORDERED

DATE NEEDED

HEARING / DEPOSITION DATE

5. ATTORNEYS OF RECORD

Include full service address and ZIP code

OPPOSING COUNSEL / ATTORNEY 1

OPPOSING COUNSEL / ATTORNEY 2

6. RECORDS SUBJECT

RECORDS OF (FULL LEGAL NAME)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE(S) OF INJURY

7. RECORD SOURCES

Attach an additional list if more space is needed

#	FROM / CUSTODIAN	COMPLETE ADDRESS	NOTES
1			
2			
3			
4			
5			
6			
7			
8			

PLEASE NUMBER ALL PAGES