



Work Request Form

Court Filing

Process Serve

Copy Records

Court Research Request

Record Documents at
County Recorder

Serve & Copy Records

Requester Information

Name of Requester / Attorney / Firm _____

Address of Requester _____

Telephone number _____ Fax number _____

Requester Control No. _____ Contact Person _____

Document Information

Case No. _____ Name of County _____

Address of Court _____

Case Name _____

List All Documents to be Filed/Served _____

Fees to be Advanced

Conformed Face
Page Returned

Conformed entire
Document Returned

Process Service Information

Name of Person to be Served _____

Address of Person to be Served _____

(Check if applicable)

Notarized Proof
Needed

Last Day to
Serve

Personal Service
Only

OK to Sub on
3rd Attempt

Details of Service or
Special Instructions _____

Copy Records Instructions

Name of Patient _____ Patient DOB _____

Name of Facility _____ SS # _____

Address of Facility _____

Special Instructions _____

Type of Records Requested

Billing

Authorization Provided

Medical

Subpoena Provided

Business

Request Subpoena be Prepared

Employment

(provide all Parties information and/or all Counsel information)

X-ray

Other

Payment Method

Credit Card

Mailing Check

Type of Credit Card (5% convenience fee applies)

Visa

MasterCard

Account Holder Name _____

Card No. _____ Expiration Date _____ CVV _____

Not to Exceed Amount _____ Initials _____

Statement Mailing Address _____