

Johnsen & Johnsen

LEGAL SUPPORT SERVICES

File No.: _____

RECORDS REQUEST

Due Date: _____

FIRM INFORMATION

Firm Name:		Today's Date:	
Contact:			
Requesting Attorney:		State Bar No.:	
Address:			
City:		State:	Zip Code:
Phone: ()	Fax: ()	Alternate Phone: ()	

CASE INFORMATION

Case Name:
Case Number:
Court:

Records Pertain to:	AKA:	
DOB:	SS#:	DOI:

Medical Billing X-Ray Employment Other _____

Authorization attached Subpoena attached Prepare _____

Counsel(s) to notify / Consumer:

LOCATIONS

Please include street address, zip code and phone number

1.
2.
3.
4.
5.
6.
7.

1302 Marsh Street
San Luis Obispo, CA 93401

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