

website: www.la-imaging.com

ORDER FORM



LOPEZ & ASSOCIATES

A Professional Photocopy & Process Service Company
10400 NORWALK BLVD • SUITE 300 • SANTA FE SPRINGS • CA 90670
Phone: (877) 567-3990 • FAX: (877) 567-3993

Request Type:

- Workers' Compensation
- Civil / Personal Injury
- Social Security
- Other: _____

Request Date: _____
 Due Date: _____
 MSC/TRIAL DATE: _____
 Email: support@la-imaging.com

RECORDS OF:

Name: _____ Social Security No: _____
 AKA Name: _____ Birth Date: _____
 Injury Date(s): _____ Party Type: _____

REQUESTOR:

Firm: _____
 Attorney: _____ BarNo: _____
 Address: _____ Contact: _____
 City/State/Zip: _____
 Represents: _____ PhoneNo: _____
 Name: _____ FileNo: _____

CASE INFORMATION:

Workers' Compensation cases must have a filed Application for Adjudication with the WCAB or an assigned Case Number for Injury(s) after 1994.
 CASE NO: _____
 APPLICANT/PLANTIFF: _____
 DEFENDANT(S)/EMPLOYER: _____

BILLING INFORMATION:

BillTo: Carrier: Requestor:
 Firm/Carrier: _____ Adjustor: _____
 Address: _____ Phone: _____
 City/State/Zip: _____ Claim No: _____
 Insured/Employer: _____ Additional Billing Parties Attached:

OPPOSING COUNSEL INFORMATION: *Please list all parties in an attachment!*

Firm: _____ Attorney: _____
 Address: _____ Phone: _____
 City/State/Zip: _____ Represents: _____

DELIVERY INSTRUCTIONS:

Name: _____ Requestor: Other: *(Please list delivery instructions)*
 Address: _____ Instructions/Dates: _____ Set(s): _____
 City/State/Zip: _____
 Attention: _____

COPY/SERVE LOCATIONS:

Type of Records	Location/Name • Address • City • State • Zip	Telephone No
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Special Instructions: Copy Records From: _____ to _____

This request serves as an assignment to Lopez & Associates, Inc as legal agent and deposition officer in the above entitled case for the issuance of subpoena(s) and/or authorization(s) for service of process and/or reproduction of documents. Requestor acknowledges by submission of request financial responsibility until any and all invoices associated with this assignment is paid in full. Terms associated with all invoices are payable within (30) thirty days without written contract.