



TRI COUNTIES LEGAL DOCS

1134 SAMANTHA DR.
PASO ROBLES, CA 93446
PH(805)227-6000 FAX (805)227-6001

DATE ORDERED: _____

PARTY REQUESTING SERVICE: _____ PHONE#: _____

ADDRESS: _____

(APPLICANT/CLAIMANT/PATIENT) VS. (DEFENDANT/EMPLOYER)

SSN: _____ DOB: _____ DOI: _____

WCAB CASE#: _____ CL#: _____

CARRIER: _____ ADJ: _____

ADDRESS: _____ PH#: _____

DEFENSE ATTY: _____ PH#: _____

ADDRESS: _____

APPLICANT ATTY: _____ PH#: _____

ADDRESS: _____

- PREPARE SDT
- AUTHORIZATION ENCLOSED
- SERVICE OF PROCESS (PLEASE GIVE AS MUCH INFO AS POSSIBLE)
- NUMBER OF SETS _____
- RUSH(NEED RECORDS BY) _____

SPECIAL INSTRUCTIONS: _____

LOCATIONS OF RECORDS BEING REQUESTED: (INCLUDE FULL NAMES, ADDRESSES & PHONE #S)

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