



AMS Legal Support Services

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REQUEST FOR RECORD

CASE NAME PLAINTIFF VS DEFENDANT

Empty box for case name and plaintiff/defendant information.

** IMPORTANT **

IF WCAB CASE, NAME AND ADDRESS OF INSURANCE CARRIER

Empty box for insurance carrier information.

Form with fields for Court Case No., Name of Court, and County of.

ORDERED BY:

Form with fields for Firm Name & Address, Attorney, File Number, and Contact Phone #.

AMS Acct #

Form with fields for Date Ordered, Date Needed, Representing (Defendants/Plaintiff/Applicant), and Send Invoice To.

RECORDS OF:

Form with fields for Date of Birth, Age, Social Security No., Date of Treatments, Date of Accident, and Hospital Admission.

OTHER IDENTIFYING INFORMATION

Form with checkboxes for All Medical Records, All Employment Records, Insurance Records, and other options like SERVE ENCLOSED SDT.

Addition Notes

Form with checkboxes for various record types: No Omissions//Omit, Nurses Notes, Lab Reports, Temperature charts, Medication & Prescriptions, Original X-Rays Required, Billing, and Number Of sets.

RECORD LOCATION(S)

NAME - ADDRESS

PHONE

Table with 3 columns: Record Location, Name - Address, and Phone. Rows numbered 1 to 4.

FOR ADDITIONAL LOCATIONS PLEASE ATTACH SEPARATE SHEET