APPLEBY & CO. INC

☐ RUSH – Date Needed by: _____

☐ Authorization or ☐ Subpoena

Please deliver records via: ☐ Paper ☐ Website

Attorney Firm: _____
Address: _____
City, St, Zip: _____
Secretary: _____
Email: _____
Phone #: _____
Attorney: _____
Representing: ☐ Defendant or ☐ Plaintiff/Applicant
Date of Loss: _____

Billing Information (if different):
Company: _____
Address: _____
City, St, Zip: _____
Adjuster: _____
Email: _____
Phone #: _____
Insured Name: _____
Claim #: _____

Case Title: _____

☐ Municipal Court ☐ Superior Court ☐ WCAB
Case #: _____
Records Re: _____
DOB: _____

District: _____
☐ If WCAB # is Unassigned – Application is Required
AKA: _____
SSN: _____

Custodian of Records/Name/Entity	**Address**	**Phone #**
1.		

Type of Records: ☐ Bills ☐ Medical ☐ Employment ☐ Insurance Claim File ☐ Insurance Policy
☐ Other: _____ ☐ X-Rays **-or-** ☐ *Subpoena x-rays, but do not copy at this time*

2.

Type of Records: ☐ Bills ☐ Medical ☐ Employment ☐ Insurance Claim File ☐ Insurance Policy
☐ Other: _____ ☐ X-Rays **-or-** ☐ *Subpoena x-rays, but do not copy at this time*

3.

Type of Records: ☐ Bills ☐ Medical ☐ Employment ☐ Insurance Claim File ☐ Insurance Policy
☐ Other: _____ ☐ X-Rays **-or-** ☐ *Subpoena x-rays, but do not copy at this time*

4.

Type of Records: ☐ Bills ☐ Medical ☐ Employment ☐ Insurance Claim File ☐ Insurance Policy
☐ Other: _____ ☐ X-Rays **-or-** ☐ *Subpoena x-rays, but do not copy at this time*

Opposing Counsel/Pro Per (if injured party does not have an attorney, provide home address):

Firm: _____
Address: _____
City, St, Zip: _____
Phone #: _____
Attorney: _____
Representing: _____
Forward a Set of Records: ☐ Yes or ☐ No
If Yes, ☐ Paper or ☐ Web

Other Parties:

Firm: _____
Address: _____
City, St, Zip: _____
Phone #: _____
Attorney: _____
Representing: _____
Forward a Set of Records: ☐ Yes or ☐ No
If Yes, ☐ Paper, or ☐ Web

Special Instructions: _____

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