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ORDER FORM



**LOPEZ**  
& ASSOCIATES

A Professional Photocopy & Process Services Company  
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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:**

**CASE INFORMATION:**

Firm: \_\_\_\_\_

*Workers' Compensation cases must have a filed Application for Adjudication with the WCAB or an assigned Case Number for Injury(s) after 1994.*

Attorney: \_\_\_\_\_ BarNo: \_\_\_\_\_

CASE NO: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

APPLICANT/PLANTIFF: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

DEFENDANT(S)/EMPLOYER: \_\_\_\_\_

Represents: \_\_\_\_\_ PhoneNo: \_\_\_\_\_

Name: \_\_\_\_\_ FileNo: \_\_\_\_\_

**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 \_\_\_\_\_

Empty rectangular box for additional notes or instructions.

*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.*