

website: www.la-imaging.com

ORDER FORM



LOPEZ
& ASSOCIATES

A Professional Photocopy & Process Services Company
13810 SAN ANTONIO DR • 2nd Flr • NORWALK • CA • 90650
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
☐	_____	_____
☐	_____	_____
☐	_____	_____
☐	_____	_____
☐	_____	_____
☐	_____	_____
☐	_____	_____
☐	_____	_____

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.