

**Requesting Attorney:** \_\_\_\_\_ State Bar # \_\_\_\_\_  
 Firm: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Representing:  Plaintiff  Defendant

**Opposing Counsel:** \_\_\_\_\_  
 Firm: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Representing:  Plaintiff  Defendant

**Case Caption:** \_\_\_\_\_ v. \_\_\_\_\_  
 Case No.: \_\_\_\_\_ Judge: \_\_\_\_\_  
 Court: \_\_\_\_\_

**Records Pertain to:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Deponent #1:** Name: \_\_\_\_\_  RUSH (ADDL. FEE)  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone No.:(\_\_\_\_) \_\_\_\_\_ Authorization  Attached  Obtain from Opposing Counsel  
 Specific Records Requested: \_\_\_\_\_  
 Request Billing?  YES  NO Request Radiology?  YES  NO

**Deponent #2:** Name: \_\_\_\_\_  RUSH (ADDL. FEE)  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone No.:(\_\_\_\_) \_\_\_\_\_ Authorization  Attached  Obtain from Opposing Counsel  
 Specific Records Requested: \_\_\_\_\_  
 Request Billing?  YES  NO Request Radiology?  YES  NO

**Deponent #3:** Name: \_\_\_\_\_  RUSH (ADDL. FEE)  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone No.:(\_\_\_\_) \_\_\_\_\_ Authorization  Attached  Obtain from Opposing Counsel  
 Specific Records Requested: \_\_\_\_\_  
 Request Billing?  YES  NO Request Radiology?  YES  NO

**Date:** \_\_\_\_\_ Signature of Records Custodian Notarized?  YES  NO

Bill Requesting Attorney  
 Bill Direct to Insurer Name: \_\_\_\_\_ Claim#: \_\_\_\_\_  
 Address: \_\_\_\_\_

**CLICK HERE  
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