Turnbeaugh & Associates

Attorney Services/Digital Imaging

Ordering Firm *Plaintiff* ☐ *Defendant* ☐

Co Name _____

Attorney Name _____

Address _____

_____

Phone # _____

Fax # _____

Attn _____

Email _____

Request Form

Order Date

_____

Release by *Authorization* ☐ *Subpoena* ☐

Subject _____

D.O.B _____

D.O.I _____

S.S. # _____

Your File # _____

Need By Date

_____

Rush Yes ☐ No ☐

(Rush Is 10 days or less)

Subpoena Information

Case Name _____

Case # _____

Court: _____

_____

Opposing Counsel _____ Phone # _____

_____

_____

Custodian of Records # 1

Name & Address _____

_____

_____

Phone # _____

Requested Information _____

PO Box 108 Stockton, CA 95201 Phone # 209-339-1222 Fax # 209-339-1223 service@turnbeaughandassociates.com

Turnbeaugh & Associates

Attorney Services/Digital Imaging

Custodian of Records # 2

Name & Address _____

_____

_____

Phone # _____

Requested Information _____

Custodian of Records # 3

Name & Address _____

_____

_____

Phone # _____

Requested Information _____

Custodian of Records # 4

Name & Address _____

_____

_____

Phone # _____

Requested Information _____

Custodian of Records # 5

Name & Address _____

_____

_____

Phone # _____

Requested Information _____

I hereby authorize Turnbeaugh & Associates to act as our agent in the above matter.

Name: _____ Signed: _____

Thank you very much for your business. Accounts not paid within 30 days of receipt of invoice will be charged 1.5% per month

PO Box 108 Stockton, CA 95201 Phone# 209-339-1222 Fax# 209-339-1223 service@turnbeaughandassociates.com