



ORDER FORM

CALL OR TEXT: 877-222-6021

CUSTOMERSERVICE@NYPARALEGALHEROES.COM

PROMO CODE: _____

CASE NAME: _____

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____

TYPE OF ACCIDENT: AUTO TRIP AND FALL CEILING COLLAPSE

<u>REQUESTED PREPARED DOCUMENT</u>	<u>RATE</u>	<u>DOCUMENTS TO UPLOAD</u>
SPECIALS (PRE-SUIT)	\$175	POLICE REPORT DEFENDANT CARRIER INFO MEDICAL RECORDS PHOTOS/VIDEOS
BILL OF PARTICULARS	\$275	ANSWER AND DEMANDS MEDICAL RECORDS PHOTOS/VIDEOS WITNESS STATEMENTS INCIDENT REPORTS EXPERT REPORTS
PHYSICIAN AFFIRMATIONS FOR MRI/X-RAY CERTIFICATIONS NO-FAULT APPLICATION/NOTICE OF INTENTION TO MAKE A CLAIM (WITHIN 30 DAYS OF ACCIDENT) NOTICE OF COMMENCEMENT (MEDICAID NOTIFICATION) RESPONSES TO NOTICE FOR DISCOVERY & INSPECTION RESPONSES TO COURT ORDERS NOTE OF ISSUE OCA RETAINER/CLOSING STATEMENTS SUBPOENAS/TRIAL PREP SUMMONS AND COMPLAINT (AUTO ONLY) MOTION (EXTEND NOI OR ADD A PARTY ONLY)	\$150 FOR ANY 2	TBD

PLAINTIFF'S INFORMATION:

DATE OF BIRTH	
SSN	
ADDRESS	
PHONE NUMBER	
LOST WAGE CLAIM	EMPLOYER: TIME MISSED FROM WORK: YES NO EARNINGS: \$_____ PER HR WK YR Approx. Time Missed:
INSURANCE	MEDICAID MEDICARE SSD/SSI PRIVATE HEALTH INSURANCE NONE MEMBER ID NO.:

FOR AUTO CASES:

POLICE REPORT	YES	NO
PLAINTIFF'S ROLE	DRIVER	PASSENGER PEDESTRIAN
ACCIDENT LOCATION		
ACCIDENT DESCRIPTION		
INVESTIGATION	PHOTOS	VIDEO WITNESSES
IF THERE ARE WITNESSES, PROVIDE FULL NAME AND ADDRESS		
NO-FAULT CARRIER & CLAIM NUMBER		

FOR PREMISES CASES:

INCIDENT REPORT FILED	YES	NO
ACCIDENT LOCATION		
ACCIDENT DESCRIPTION/ DEFECT		
INVESTIGATION	PHOTOS	VIDEO WITNESSES
IF THERE ARE WITNESSES, PROVIDE FULL NAME AND ADDRESS		

MEDICAL HISTORY:

HOSPITAL	YES	NO
URGENT CARE	YES	NO
PHYSICAL THERAPY	YES	NO
MRI/X-RAYS/CT-SCANS:	YES	NO
ORTHOPEDIC SPECIALISTS:	YES	NO
SURGERY/INJECTIONS (PAIN MGMT)	YES	NO
PRIOR INJURIES/ACCIDENTS	YES	NO