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

REQUESTED PREPARED DOCUMENT	RATE	DOCUMENTS TO UPLOAD
☐ SPECIALS (PRE-SUIT)	$175	POLICE REPORT DEFENDANT CARRIER INFO MEDICAL RECORDS PHOTOS/VIDEOS
☐ BILL OF PARTICULARS	$250	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 3	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