



## 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)	\$150	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)	\$125 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 <b>Approx. Time Missed:</b>
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