CLEAR LOCATIONS

CLEAR FORM

USA Legal Network

800 W 1st St Suite 200B Los Angeles, CA 90012

Phone: (213) 607-9000 | Fax: (888) 371-1532

eMail: depoofficer@usalegalinc.com

Request Date: _____

Due Date: _____

MSC/Trial Date: _____

Request Type:

Workers' Compensation

Civil / Personal Injury

Social Security

Other: _____

RECORDS OF:

Name: _____ Social Security No: _____

AKA Name: _____ Birth Date: _____

Injury Date(s): _____ Party Type: _____

REQUESTOR:

Firm: _____

Attorney: _____ BarNo: _____

Represents: _____ Contact: _____

Name: _____ Phone: _____

Address: _____ FileNo: _____

City/State/Zip: _____

CASE INFORMATION:

Workers' Compensation cases must have a filed Application for Adjudication with the WCAB or an assigned Case Number for Injury(s) after 1994.

CASE NO: _____

APPLICANT / PLAINTIFF:

_____

DEFENDANT(S) / EMPLOYER:

_____

BILLING INFORMATION:

Bill To: Carrier: Requestor:

Firm/Carrier: _____ Adjustor: _____

Adress: _____ Phone: _____

City/State/Zip: _____ Claim No: _____

Insured/Employer: _____ Additional Billing Parties Attached:

OPPOSING COUNSEL INFORMATION: (*Please list all parties in an attachment)*

Firm: _____ Attorney: _____

Address: _____ Phone: _____

City/State/Zip: _____ Represents: _____

DELIVERY INSTRUCTIONS:

Name: _____ Requestor: Other: *(Please list delivery instructions)*

Address: _____ Instructions / Dates: Set(s): _____

City/State/Zip: _____ _____

Attention: _____ _____

COPY / SERVE LOCATIONS:

Type of Records	Location/Name | Address | City | State | Zip	Telephone No

Special Instructions: *Copy Records From:* _____ to _____