

RECORDS REQUEST FORM (PG. 1)

Contact	
Name:	Email:
Representing:	Phone:

Requestor <i>Please provide contact information for the main party responsible for this request</i>

Opposing Counsel <i>Please provide contact information for opposing counsel</i>

Subpoena Information	
Case No:	Case Caption:
Court Name / Address:	

Copy Records Pertaining To	
Name:	DOB or SSN:

Obtain Records From		
	Treat Date:	Phone:
Location:		
Copy:	Any and All	Treat Date Only

RECORDS REQUEST FORM (PG. 2)

Obtain Records From		
	Treat Date:	Phone:
Location:		
Copy:	Any and All	Treat Date Only

Obtain Records From		
	Treat Date:	Phone:
Location:		
Copy:	Any and All	Treat Date Only

Special Instructions

If you have not been contacted within 24 hours or have any special requests, please email records@kusar.com or call 800.282.3376.