

RECORD RETRIEVAL REQUEST

() Retainer () Non-Retainer



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CLIENT INFORMATION	
Customer Number	Date
Firm Name	
Firm Address	
City/State/Zip	
Attorney Name	
Attorney Bar Number	
Contact Name	
Telephone	File Number
Fax	

RECORD INFORMATION			
<input type="checkbox"/> Unlimited	County		File or Claim Number
<input type="checkbox"/> Limited	Court/Branch		Number of Pages
<input type="checkbox"/> District	Case Number		Number of Tabs
<input type="checkbox"/> Bankruptcy	Case Name		Date of Records
<input type="checkbox"/> Other:	Hearing Date		Date of Incident
	Time		Recordings Regarding
	Dept/Div		Date of Birth
	Statute		Social Security Number
	Representing		

SERVICE (S) REQUESTED		
<input type="checkbox"/> Prepare SDT	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Employment Records
<input type="checkbox"/> SDT Attached	<input type="checkbox"/> X-Rays	<input type="checkbox"/> Other
<input type="checkbox"/> Authorizations Attached	<input type="checkbox"/> Billing Records	

SPECIAL INSTRUCTIONS	OPPOSING COUNSEL TO BE NOTIFIED
	Attorney Name
	Firm Name
	Firm Address
	City/State/Zip

LISTING OF LOCATIONS	TYPE OF SERVICE
1.	<input type="checkbox"/> On Demand (Extra charges will apply)
2.	<input type="checkbox"/> Rush (Extra charges will apply)
3.	<input type="checkbox"/> Regular
4.	
5.	
6.	
7.	
8.	

FOR A-UNITED USE ONLY			
Date Received		Record Retrieval Fee	\$
Date Records Requested	Number of Pages	\$0.25 Per Page	\$
Date Allowed to Retrieve		A-United Advance Fee	\$
Number of Records Requested	Other Fees:		\$
Number of Records Obtained			
Number of Pages			
Spoke with _____ at Firm		Total	\$
Notes:			
		<i>Invoice Number</i>	

TERMS

This form must be attached when submitting a request to A-United. It is the customer's responsibility to prepare a new request form and attach it to their assignments accordingly. By submitting this request, you agree to our terms and conditions, which have been outlined in your client contract.