



Client Request Form

Completed forms can be faxed to 936-315-1961 or scanned and emailed to swallace@XLRecord.com. For questions, please call 877-782-1439.

Law firm & Contact Information

Firm Name

Address

Address Line 1

Address Line 2

City

State

Zip Code

Contact for this case

Attorney Name

State Bar No.

Patient Information

Patient Name

SSN

Address

Address Line 1

Address Line 2

City

State

Zip Code

DOB

DOS

DOD

Other Known Names

Case Information

Is this a new case?

Yes No

Are you adding to an existing request?

Yes No

Type of Case

Client Matter No.

Who the Firm Represents

Case Style (if Subpoena)

Cause No.

Court Info (if Subpoena)

Admissable Non-Admissable

Opposing Counsel(s) (if Subpoena)

Please copy this page as many times as needed to fill in opposing counsel.

Opposing Counsel

Representing

Opposing Counsel

Representing

Opposing Counsel

Representing

Opposing Counsel

Representing

Opposing Counsel

Representing

Process of Records

Affidavit or Certification required?

Yes No

Original or Copy

Original Copy

Billing Affidavit

Standard Detailed Texas

Production of Records

Bound Hard Copy Uploaded Via Secure Web
(Original Legal mailed)

Case Priority

Regular *Rush

* = Additional Cost

Deadline Date

Shipping Approved (additional cost)

Ground Overnight Certified Mail

All subpoena requests are hand served or served via certified mail.

Facility Locations

For additional facilities, please copy this page as many times as needed.

Facility Name

Phone

Address

Address Line 1

Address Line 2

City

State

Zip Code

Record Type

Date Range

Special Instructions

Facility Name

Phone

Address

Address Line 1

Address Line 2

City

State

Zip Code

Record Type

Date Range

Special Instructions