

Attorney: _____
Firm: _____
Address: _____
State & zip: _____
Phone: _____
Attn: _____



Please TYPE or PRINT CLEARLY:

DATE OF REQUEST: _____

CASE TITLE _____	SSN _____	DOB _____
RECORDS OF _____	SSN _____	DOB _____
_____	SSN _____	DOB _____
_____	SSN _____	DOB _____

(PLEASE REMEMBER TO ATTACH A COPY OF THE CAPTION PAGE AND ATTORNEYS OF RECORD)

THIS ORDER IS FOR (Please check one):

- Written deposition
- Oral deposition

SPECIAL INSTRUCTIONS:

PLEASE CHECK SERVICE(S) REQUESTED:

- Notice/Subpoena
- Notice/Subpoena Duces Tecum
- Subpoena/SDT service
- Records pickup

PLEASE RECORDS FROM THE FOLLOWING PROVIDERS:

CUSTODIAN/DEPONENT <i>(FULL NAME)</i>	ADDRESS <i>(STREET, CITY, ZIP)</i>	PHONE	DATE/TIME <i>(Orals)</i>
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POWERS AND ASSOCIATES
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