RDS Record Request Form

Save As | Print | Submit | Reset

Date | Rush | Releases Attached | Discovery Cut Off

☐ New Request -or- add to existing RDS Job# / Name on Record:

Requestor

Attorney | For Select One | Phone

Contact | Email

Firm

Claim# | File#

Bill to Requestor ☐ | Or Carrier

Adjuster | Email

Case Info

Name on Record

Address | City | ST | Zip

Date of Birth | Date of Loss | SSN

Case Caption Attached ☐ **Please Note: If this box is NOT checked, the fields Case Name, Court and Case# below ARE required.**

Case Name

Court | Case#

Notes

Please Note: Releases, Case Caption and any other documents can be attached to the email after the "Email" button is clicked.

Send Copy to I.M.E. ☐ | Name

Notes

Other Counsel

Attorney | For Select One | Phone

Firm

Attorney | For Select One | Phone

Firm

Attorney | For Select One | Phone

Firm

Notes

Providers, Facilities, Entities

Request from

Address | City | ST | Zip

Specify Information to be requested:

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