



Document Imaging

WC PI CL EDEX REPORT:

DATE ORDERED:

ORDER DUE DATE:

**APPLICANT / PLAINTIFF INFORMATION**

NAME:  
A.K.A:  
BIRTH DATE:  
SOCIAL SEC #:  
INJURY DATE:  
STREET:  
CITY,ST ZIP:  
  
CAN WE CONTACT THE APPLICANT IF WE EXPERIENCE TROUBLE  
LOCATING RECORDS? (INCLUDE PHONE NO)  
  
PHONE NO:

**REQUESTING PARTY**

APPLICANT/PLAINTIFF                      DEFENSE  
ORDERED BY:  
STREET:  
CITY, ST. ZIP:

**DELIVER RECORDS TO**

FIRM:  
STREET:  
CITY, ST. ZIP:  
NUMBER OF SETS:            PAPER            CD            BOTH

**PARTIES TO THE CASE**

WCAB CASE NO:  
  
REQUEST CLAIM FILE?  
  
CARRIER:  
CLAIM NO:  
ADJUSTER:  
STREET:  
CITY, ST ZIP:  
PHONE:    FAX:

REQUEST EMPLOYMENT FILE?  
  
EMPLOYER:  
STREET:  
CITY, ST ZIP:  
PHONE:    FAX:

OPPOSING ATTORNEY:  
FIRM:  
STREET:  
CITY, ST. ZIP:  
PHONE:    FAX:

**PLEASE OBTAIN RECORDS FROM THE FOLLOWING LOCATIONS**

NAME:  
STREET:  
CITY, ST. ZIP:  
PHONE NO:  
FAX NO:  
TYPE RECORDS:  
PREPARE SDT                      AUTHO ATTACHED  
NOTICE TO PARTIES

NAME:  
STREET:  
CITY, ST. ZIP:  
PHONE NO:  
FAX NO:  
TYPE RECORDS:  
PREPARE SDT                      AUTHO ATTACHED  
NOTICE TO PARTIES

SPECIAL INSTRUCTIONS

PLEASE ATTACH ADDITIONAL LOCATIONS ON SECOND SHEET



**ADDITIONAL LOCATIONS FOR APPLICANT:**

**WCAB CASE NO:**

NAME:  
STREET:  
CITY, ST. ZIP:  
PHONE NO:  
FILE NO:  
TYPE RECORDS:  
PREPARE SDT            AUTHO ATTACHED  
NOTICE TO PARTIES

NAME:  
STREET:  
CITY, ST. ZIP:  
PHONE NO:  
FILE NO:  
TYPE RECORDS:  
PREPARE SDT            AUTHO ATTACHED  
NOTICE TO PARTIES

NAME:  
STREET:  
CITY, ST. ZIP:  
PHONE NO:  
FILE NO:  
TYPE RECORDS:  
PREPARE SDT            AUTHO ATTACHED  
NOTICE TO PARTIES

NAME:  
STREET:  
CITY, ST. ZIP:  
PHONE NO:  
FILE NO:  
TYPE RECORDS:  
PREPARE SDT            AUTHO ATTACHED  
NOTICE TO PARTIES

NAME:  
STREET:  
CITY, ST. ZIP:  
PHONE NO:  
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TYPE RECORDS:  
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NOTICE TO PARTIES

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STREET:  
CITY, ST. ZIP:  
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NOTICE TO PARTIES

NAME:  
STREET:  
CITY, ST. ZIP:  
PHONE NO:  
FILE NO:  
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PREPARE SDT            AUTHO ATTACHED  
NOTICE TO PARTIES

NAME:  
STREET:  
CITY, ST. ZIP:  
PHONE NO:  
FILE NO:  
TYPE RECORDS:  
PREPARE SDT            AUTHO ATTACHED  
NOTICE TO PARTIES