Central Records Depository
Copy Order Form – Plaintiff Records

For Office Use Only

Date Received_____

Date Completed _____

Page 1 of ____ By:_____

Shipped: UPS F/X Mail Courier

Total Copies: 0

Postage:_____

* Date: 2014 * = Required Field

* Name: _____

* Firm: _____

Representing:_____

* I prefer to receive the documents: E-Mail E-Mail Address: _____

Instructions - Fax Number: _____

Document Trace Number	Plaintiff Name	Trial Date	# Copies Made
Do NOT use this form for ordering Pathology / X-ray materials			
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Page Total: 0

The undersigned hereby warrants they are the authorized representative of the above law firm and are the authorized attorneys for the above named defendant/plaintiff. As such, I am requesting to review/copy those documents associated with the above named defendant/plaintiff. The undersigned further warrants these records are being obtained for use in the above pending asbestos matter only and are not intended for any other litigation. I understand requests for records not intended for use in asbestos litigation may be in violation of Federal HIPAA laws and regulations.* All Electronic Copy Orders Must be picked up within 30 days from YouSendIt.

* Signed:_____ Picked up by:_____

To acknowledge this is a digital signature and you understand and agree to the previous statement: *

Submit Copy Order to CRD (Click)

Clear Entries (Click Box to wipe ALL entries)

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More Entries on next E-mail (Must have 100 Entries) – Check Box ☐

Submit Entire Copy Order

Clear Entries (Click Box)