Central Records Depository

Copy Order Form – Plaintiff Records		Date Received		
		Date Completed _		
Date://		Page of	By:	
Name:		Shipped: UPS F	/X Mail Courier	
Firm:		Total Copies:		
Representing:		Postage:	Postage:	
I prefer to receive the documents:	E-Mail Address:			
	Fax Num	nber:		
Document Trace Number	Plaintiff Name	Trial Date	# Copies Made	
Do NOT use this	s form for ordering Pathology	/X-ray materials		
		Page Tot	al:	
		1.00	***	

For Office Use Only

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.

Signed:	Picked up by:
---------	---------------