

WCAB Request:

Civil Request/PI:

IMR Request:

Date Request:



**n-timer**records  
WE MAKE IT HAPPEN!

Tel: 209.834.1359

Fax: 877.224.2266

Rush

**APPLICANT/PLAINTIFF INFORMATION**

Name: \_\_\_\_\_  
 A.K.A: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Social Sec. #: \_\_\_\_\_  
 Injury Date: \_\_\_\_\_

**REQUESTING PARTY**

APPLICANT/PLAINTIFF  DEFENSE

Firm: \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**DELIVER TO**  REQUESTER  OTHER

Firm: \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Number of Sets:  Paper  CD  Online

**PARTIES TO THE CASE**

WCAB Case No.: \_\_\_\_\_

**INSURANCE CARRIER INFORMATION**

Carrier Name: \_\_\_\_\_  
 Claim No.: \_\_\_\_\_  
 Adjuster Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Employer Information**

Employer: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Defense Attorney**

Firm Represents: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

CODES: [M]edical [B]illing [X]-RAY [E]mployment [W]age [C]laim File [O]ther

CODE	Facility	Street Address	City/State/Zip	Phone	DR/Contact

Please provide any additional information on a separate sheet

SPECIAL INSTRUCTIONS: