



LEGAL FORCE

Legal Force LLC

Request Form

email: Service@LegalForceDirect.com

Phone: 323.645.0675

Fax: 253.390.9605

Attorney Name:		Bar Number:	
Case Number:		Need By Date if RUSH:	
Attorney Email:			
Attorney Phone:			
Court Location:			
Applicant Name:		AKA:	
ADJ :	SSN:	DOB:	DOI:
Insurance Carrier:		Phone:	
Request Records: (Please Check One) : Yes / No			
Insurance Address: Street:			
City:		State:	Zip:
Defense Attorney:		Phone:	
Defense Address: Street:			
City:		State:	Zip:
<div>CLAIM NUMBER:</div> <div>Adjuster Name:</div> <div>Adjuster Email:</div> <div>Adjuster Phone:</div>			
Employer:		Phone:	
Request Records: (Please Check One): Yes / No			
Employer Address: Street:			
City:		State:	Zip:
PLEASE LIST ALL MEDICAL RECORDS NEEDED & NAME OF FACILITIES/DOCTOR, PHONE & ADDRESS.			
1. Facilities Name:		Phone:	
Doctor:			
Address: Street:			
City:		State:	Zip:
2. Facilities Name:		Phone:	
Doctor:			
Address: Street:			
City:		State:	Zip:
3. Facilities Name:		Phone:	
Doctor:			
Address: Street:			
City:		State:	Zip:
PLEASE LIST ANY SPECIAL INSTRUCTIONS: Example specify if IMR or 2 ND sets to QME & address below:			
If out of state or no case number is available please attach attorney signed authorization.			