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 Circle One) : Yes / No
Insurance Address: Street:
City: State: Zip:

Defense Attorney: Phone: ( ) -
Defense Address: Street:
City: State: Zip:

CLAIM NUMBER:
Adjuster Name:

Adjuster Email:

Adjuster Phone: ( ) -

Employer: Phone: ( ) -

Request Records: (Please Circle 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 2ND sets to QME & address below:

If out of state or no case number is available please attach attorney signed authorization.