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## CLOSED FILE CLIENT DOCUMENT REQUEST FORM

We value your privacy. Due to increased fraud trying to steal client information, please complete this form and provide us with a copy of your appropriate identification such as a state issued driver's license, military identification or government issued passport.

## NON REFUNDABLE FEES:

| Regular Service Research /Retrieval Fee (5-7 Business Days)                  | \$50.00                                     |
|--|---|
| Expedited Service Research/Retrieval Fee\$100.00 (3 Business Days or Sooner) |   |
| <b>Express Postage Fee (TBD)</b>   |   |
| Delivery Fee   | FREE if email or cost of postage if mailed. |
| REQUIREMENTS: 1) This Completed Form; 2) Co                                  | py of Photo Id and 3) Check/Money Order     |
| NAME: (LAST, FIRST MIDDLE INITIAL)   |   |
| CLIENT FILE NO. (IF KNOWN)   |   |
| TYPE OF CASE: (PERSONAL INJURY,  |   |
| BANKRUPTCY, DIVORCE ETC)   |   |
| DATE OF LAST DISPOSITION:  |   |
| DOCUMENTS REQUESTED (PLEASE  |   |
| SPECIFY)   |   |
| (Example: Copy of Complaint, Final Decree                                    |   |
| for Divorce)   |   |
| ,  |   |
|  |   |
|  |   |
| CURRENT ADDRESS  |   |
| PHONE NUMBER   |   |
| EMAIL ADDRESS  |   |
| DO YOU REQUEST THAT YOUR   |   |
| DOCUMENTS BE MAILED OR   | MAIL/OVERNIGHT EMAILED                      |
| EMAILED?   | *delivery fee *no fee                       |