



Legal-Ease
Digital Imaging
A Limited Liability Company

P.O. Box 1017
 Flint, Michigan 48501-1017
 855.534.4003 / 810.234.7799 p
 810.547.4030 f

Order Form

Client Information: (Authorization to Establish File/Sign Subpoena)

Requesting Party			
Requestor's Email		Requestor's Phone	
File Number		Claim Number	
Bill To			

Case and Patient Information:

Name on Record			
Address			
City		State	Zip
Date of Birth		SSN	Date of Incident
Court			
Name of Case			
Case Number			

Counsel Information:

Plaintiff Attorney			
Firm			
Address			
City		State	Zip
Defense Attorney			
Firm			
Address			
City		State	Zip
Additional Attorney			
Firm			
Address			
City		State	Zip

Deponent Information:

1. Deponent Name			
Address			
City		State	Zip
Phone		Fax	
Records Requested			
Special Instructions			
2. Deponent Name			
Address			
City		State	Zip
Phone		Fax	
Records Requested			
Special Instructions			

Deponent Information Continued:

3. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
4. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
5. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
6. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
7. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
8. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
9. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				

Deponent Information Continued:

10. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
11. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
12. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
13. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
14. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
15. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
16. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				

Deponent Information Continued:

17. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
18. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
19. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				
20. Deponent Name				
Address				
City		State		Zip
Phone		Fax		
Records Requested				
Special Instructions				