

METRO RECORDS SUBPOENA SERVICE

Phone: 313-372-6525 Email orders: metrorecords@comcast.net

Requesting Attorney		Bar No		Phone No																																																																												
Signature _____ (I authorize Metro Records Subpoena Service to advance any subpoena fees in conjunction with this request. I also agree to reimburse Metro Record Subpoena Service for any advanced subpoena fees in addition to the subpoena processing fee and reasonable copying costs associated with this request).																																																																																
Firm		Attention		Bill To																																																																												
Date of Request		Your File No		Claim No																																																																												
Name On Record		Address																																																																														
Date of Birth		Social Security Number		Date of Incident																																																																												
Court-County		Court Case No		Judge Name																																																																												
Name of Case		Is Case in Suit ☐ Yes ☐ No																																																																														
RECORDS TO BE REQUESTED Code: H-Hospital D-Doctor E-Employment C-Clinic F-Fire I-Insurance P-Police S-School O-Other: _____																																																																																
<table border="1"><thead><tr><th>Nos.</th><th>Deponent</th><th>Address</th><th>Phone</th><th>Dates or ID</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						Nos.	Deponent	Address	Phone	Dates or ID																																																																						
Nos.	Deponent	Address	Phone	Dates or ID																																																																												
Special Instructions																																																																																
Plaintiff Attorney		Co-Counsel Attorney																																																																														
Address		Address																																																																														
Phone		Phone																																																																														
Defendant Attorney		Co-Defendant Attorney																																																																														
Address		Address																																																																														
Phone		Phone																																																																														