



# DOCUMENT RETRIEVAL / COPY DETAIL FORM

FULL FRONT RANGE COVERAGE SINCE 1987

FAX # (303) 449-0407

FIRM NAME \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ WHICH COURT? \_\_\_\_\_

PHONE# \_\_\_\_\_ EXT: \_\_\_\_\_ WHICH DIVISION? \_\_\_\_\_

CASE NAME \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

DATE FILED \_\_\_\_\_ BILLING REFERENCE \_\_\_\_\_

IS THERE A CLERK WE NEED TO ASK FOR? \_\_\_\_\_

WHAT DOCUMENTS NEED TO BE COPIED? \_\_\_\_\_  
\_\_\_\_\_

ARE ANY CERTIFIED COPIES REQUIRED? YES/NO

IF SO, WHICH DOCUMENTS? \_\_\_\_\_

WHEN DO YOU NEED THE COPIES BACK AT YOUR OFFICE? \_\_\_\_\_

WHERE ARE WE DELIVERING THE COPIES? \_\_\_\_\_

HOW DO YOU WANT THEM SENT? MAIL/FEDEX/HAND DELIVERED \_\_\_\_\_

SPECIAL INSTRUCTIONS: