



*FULL FRONT RANGE COVERAGE SINCE 1987*  
*PHONE 303-571-5719*  
*FAX 303-449-0407*

## **DOCUMENT RETRIEVAL / COPY DETAIL FORM**

- FIRM NAME
- \* • **CONTACT NAME**
- \* • **PHONE #**
- \* • **COURT**
- DIVISION
- \* • **CASE NAME**
- \* • **CASE #**
- DATE FILED
- \* • **DOCUMENTS TO BE COPIED**
- \* • **ANY CERTIFIED COPIES NEEDED?**
- \* • **# OF PAGES (estimate ok)?**
- \* • **TURNAROUND TIME REQUESTED?**
- \* • **WHERE ARE WE DELIVERING THE COPIES?**
- \* • **HOW DO YOU WANT THEM SENT?**
- BILLING REFERENCE (if applicable)
- EXTRA NOTES / SPECIAL INSTRUCTIONS

\* indicates **REQUIRED** field