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RESEARCH AND RETRIEVAL REQUEST FORM

RESEARCH/RETRIEVAL LAST DAY	FIRM NAME <i>(Required)</i>	PHONE <i>(Required)</i>	EXT	EMAIL (SECRETARY)
DATE/TIME	ADDRESS	CITY	STATE	ATTORNEY
	CLIENT MATTER/REFERENCE #	SECRETARY	DATE/TIME	
DOCUMENTATION				

DOCUMENT RESEARCH AND RETRIEVAL REQUEST

COURT/RECORDER DOCUMENTS

COURT/AGENCY (INCLUDE COUNTY & STATE)

CASE / RECORD NUMBER

CASE NAME

NUMBER OF COPIES (FOR EACH DOCUMENT REQUESTED)

OBTAIN: REGULAR COPIES CERTIFIED COPIES EXEMPLIFIED COPIES INFO ONLY

RETURN TO FIRM VIA: MESSENGER REGUAL MAIL FED-EX U.S. PRIORITY SCANNED FAXED (if faxed please include fax number _____)

DOCUMENTS: (INCLUDE DOCUMENT NUMBERS OR MARKED DOCKET IF AVAILABLE)

ADDITIONAL INSTRUCTIONS: