CREATIVE *ASSISTANT*

Phone (757) 624-9990
Fax (757) 624-9998
600 Granby St. (Suite 400)
Norfolk, VA 23510
Hours 8:30 am to 5:00 pm

District Document Request Form

Requestor		Sent to (Same as requestor☐)	
Company/Firm:		Company/Firm:	
Contact:		Contact:	
Address:		Address:	
City/State:	Zip:	City/State:	Zip:
Phone:	Fax:	Phone:	Fax:
Client Matter/ Billing#:		FedEx#:	UPS:

Service Type

☐	Normal	☐	Rush (additional charge)*
☐	Search (additional charge)**	XX	*Rush work will be completed within a hour of receiving

Requested Documents

Case#:	Case Name:	Open☐ Closed☐	Closed date:

Please check box for items requested

☐ Entire File ☐ Complaints ☐ Jury Instructions
☐ Docket____Complete or from_____ to_____ ☐ Mailing Matrix
☐ Summons ☐ Other (specify)_____

--PLEASE INDICATE IF EXHIBITS NEED TO BE COPIED—

**A search fee will be included for each document that does not have a Docket number included (excluding documents checked above)

Docket#	Date Docketed	Date Filed	Document Description (Please be specific as possible)

Payment Information

Method	Account Name/Credit Card #		
☐ Pre-Approved Account			
☐ Credit Card (Visa or MasterCard only)		CC Billing Zip	Exp.
☐ Cash and carry			
☐ Corporate Checks (no Personal checks)			