

## Common Information

|                        |                      |
|------------------------|----------------------|
| <b>Order Type</b>      | Signed Authorization |
| <b>Case Number</b>     | ABD987654            |
| <b>Plaintiff</b>       | Smith                |
| <b>Defendant</b>       | Johnson              |
| <b>Records Subject</b> | Smith Wesson         |
| <b>DOB</b>             |                      |
| <b>SSN</b>             |                      |
| <b>AKA</b>             |                      |

## Party 1 of 4

|                       |                               |
|-----------------------|-------------------------------|
| <b>Firm</b>           | CJ Law                        |
| <b>Roles</b>          | Ordering Client, Send Records |
| <b>Address</b>        | 126333 South Street           |
| <b>City</b>           | Bakersfield                   |
| <b>State</b>          | CA                            |
| <b>Zip</b>            | 98765                         |
| <b>Phone</b>          | (123) 123-1234                |
| <b>Fax</b>            |                               |
| <b>Email</b>          |                               |
| <b>Contact Person</b> | Greg Smith                    |

## Party 2 of 4

|                       |                              |
|-----------------------|------------------------------|
| <b>Firm</b>           | State Farm Insurance Company |
| <b>Roles</b>          | Primary Billing              |
| <b>Address</b>        | PO BOX 106171                |
| <b>City</b>           | Atlanta, GA 30348            |
| <b>State</b>          |                              |
| <b>Zip</b>            |                              |
| <b>Phone</b>          | (408) 842-4548               |
| <b>Fax</b>            |                              |
| <b>Email</b>          |                              |
| <b>Contact Person</b> | Patrick Griffith             |

### Party 3 of 4

**Firm** Aaron, Riechert, Carpol & Riffle, APC  
**Roles** Represent Consumer  
**Address** 333 Twin Dolphin Drive, Suite 350  
**City** Redwood City, CA 94065  
**State**  
**Zip**  
**Phone** (650) 368-4662  
**Fax** (650) 367-8531  
**Email**  
**Contact Person** Juliette D. Nguyen, Esq.

### Party 4 of 4

**Firm** State Farm Insurance Company  
**Roles**  
**Address** PO Box 106171  
**City** Atlanta, GA 30348-6171  
**State**  
**Zip**  
**Phone** (949) 553-4670  
**Fax**  
**Email**  
**Contact Person** Kathy Hernandez

### Location 1 of 2

#### Client Reference

**Client Reference #** AfsdaFa

#### Location Details

**Name** Kaiser Permanente  
**Address** 3558 Round Barn Blvd., Ste 112  
**City** Santa Rosa, CA 95403  
**State**  
**Zip**  
**Phone** (707) 571-3770  
**Fax**

**Email**

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Date Ranges

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**Due Date**

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Record Types

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**Types**

Car Payment

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**Specifics**

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Attached Documents

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**Names**

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**Location 2 of 2**

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Client Reference

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**Client Reference #**

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Location Details

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**Name** Kaiser Permanente  
**Address** 401 Bicentennial Way  
**City** Santa Rosa, CA 95407  
**State**  
**Zip**  
**Phone** (707) 566-5560  
**Fax**  
**Email**

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Date Ranges

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**Due Date** 5/30/2024

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Record Types

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**Types** Payroll, Rads  
**Specifics**

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Attached Documents

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**Names**