



**Baechler Investigative Services**

4910 70<sup>th</sup> Street  
 San Diego, CA 92115  
 (619) 303-0360  
 Fax: (619) 464-5651

**Litigation Support Division**

DATE: \_\_\_\_\_

Formerly  
**'Junes'**

**INVOICE No:**  
**CM**

**RUSH**

**LAW OFFICE OR FIRM:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Email:** \_\_\_\_\_ @ \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_ **Reference#** \_\_\_\_\_

- SUPERIOR COURT   
  US DISTRICT COURT   
  BANKRUPTCY COURT   
  COURT OF APPEALS  
 COUNTY RECORDER   
  WORKERS' COMP (WCAB)   
  OTHER: \_\_\_\_\_

**DIVISION:**

- CIVIL   
  CRIMINAL   
  DOMESTIC   
  PROBATE   
  APPEALS   
  SMALL CLAIMS

**JURISDICTION:**

- SAN DIEGO   
  EAST COUNTY   
  SOUTH COUNTY   
  NORTH COUNTY  
 OTHER: \_\_\_\_\_

**CASE NO:** \_\_\_\_\_ **HEARING DATE:** \_\_\_\_\_ **DEPT:** \_\_\_\_\_

**CASE TITLE:** \_\_\_\_\_

**DOCUMENTS:**  S&C   
 S&P   
 UD   
 OSC   
 ORAP   
 FOAH   
 POS   
 MOTION   
 OTHER

\_\_\_\_\_  FEE ATTACHED   
 CONFORM COPY   
 CERTIFY

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**BIS USE ONLY:**

CC	OTFR	WT	
MESSENGER: _____	CS	FF	PHN
COMPLETED: _____ WHEN: _____	D	FFO	PO
CLIENT CALLED: _____	FAX	MI	RCF
STATUS REPORT _____	WTO	FEE	OTF