

LEGS LEGAL SUPPORT

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Contact Us

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Date: _____

Firm Name: _____

Address: _____

Phone: _____

Contact: _____

Court: _____

Hearing Date/ _____

Time/Dept: _____

Case Name: _____

Case Number: _____

Routine Rush

File Conform Record Research

Complete By: _____

Documents: _____

Advance Fees Amount: _____

Special Instructions:

LLS#: _____