Letter of Discovery Document Requests

| Date: |
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| From: [Your Name] [Your Address] [City, State, Zip Code] [Your Email] [Your Phone Number] |
| To: [Recipient's Name] [Recipient's Address] [City, State, Zip Code] |
| Re: Discovery Document Requests in [Case Name/Number] |
| Dear [Recipient's Name], |
| In accordance with the rules governing discovery, please take notice that I am requesting the following documents related to the personal injury case referenced above: |
| All medical records pertaining to the injuries sustained by [Your Client's Name] as a result of the incident on [Date of Incident]. Copies of all bills incurred for medical treatment related to said injuries. Any and all insurance policies that may provide coverage for the claims arising from the incident. All correspondence exchanged between the parties regarding this matter. Any photographic evidence regarding the scene of the incident or related injuries. Witness statements or contact information of individuals who witnessed the incident. |
| Please send the requested documents by [specific date] so we can proceed with the case without delay. |
| Thank you for your prompt attention to this matter. |
| Sincerely, |

[Your Name] [Your Title if applicable] [Your Firm if applicable]