

Order Number:

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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AFFIDAVIT OF CUSTODIAN OF RECORDS
 (California Evidence Code § 1561)

Records Produced by:

Records Pertaining to:

Date of Birth:

Social Security #:

I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge. I, the undersigned, am the duly authorized Custodian of Records (or other qualified witness) for the above referenced records provider. I have the authority to certify that the records produced herewith pursuant to and described in the Subpoena / Authorization served with this affidavit are **ALL** of the records under my control and custody pertaining to the above named individual(s).

These records were originally prepared / created via: (Please check all that apply)

- Handwritten notes
 Transcription
 Computer generated forms
 Other _____

The enclosed records are comprised of the following: (Please check all that apply)

- Medical
 Billing
 Films/X-Rays
 Insurance
 Employment / Payroll
 Scholastic
 Other _____

To the best of my knowledge, all of the records referred to above were prepared or compiled by the personnel of the above named business, in the ordinary course of business, at or near the time of the acts, conditions or events recorded. I have delivered all of the records / items requested with the following exceptions:

Print Name

Signature

Date

Certification of Professional Photocopier

I, the undersigned, declare under penalty of perjury that the foregoing is true and correct and that the attached copy of records was transmitted or distributed to the authorized person(s) or entities. I further declare that I made true and accurate copies of all records produced to me by the Custodian of Records of the above named records provider and will maintain the confidentiality of the information contained within.

Date

Signature