

TRANSCRIPT REQUEST ORDER FORM for JOB NUMBER _____

DATE OF DEPOSITION: _____ CAPTION: _____ REPORTER: _____

PRINT WITNESS NAMES - Y or N for Read and Sign			
1.	R&S: _____	4.	R&S: _____
2.	R&S: _____	5.	R&S: _____
3.	R&S: _____	6.	R&S: _____

VIDEOTAPED DEPOSITION: ___ READ AND SIGN GOES TO: _____

EXHIBITS: RETAINED BY COUNSEL: ___ TAKEN BY REPORTER: ___ COLOR EXHIBITS: ___ BIND AND INDEX: ___

I HAVE PLACED THE BELOW ORDER AND AGREE TO PAY ANY AND ALL CHARGES ASSOCIATED WITH THIS ORDER

ORDERING ATTORNEY'S NAME AND EMAIL ADDRESS NAME: _____ EMAIL: _____ REMARKS: _____ SIGNATURE: _____	WITNESS NUMBERS or ALL	DIGITAL ONLY Mini/ASCII and Exhibits (No Paper)	DIGITAL and PAPER attach Color and B&W Exhibits	DIGITAL and PAPER attach only B&W Exhibits	DELIVERY TYPE <input type="checkbox"/> Regular Ten-Day <input type="checkbox"/> Expedited Five-Day <input type="checkbox"/> Next-Day <input type="checkbox"/> Same-Day <input type="checkbox"/> Rough Draft
VIDEOTAPED DEPOSITIONS/VIDEO ORDER: NO COPY <input type="checkbox"/> MPEG-1 Email Link/Download <input type="checkbox"/> DVD <input type="checkbox"/> SYNC Video to Transcript <input type="checkbox"/>					
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TRANSCRIPT REQUEST ORDER FORM for JOB NUMBER _____ Page Two

DATE OF DEPOSITION: _____ CAPTION: _____ REPORTER: Dolores DeFilippis, RMR-CCR

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