

Transcript Order Form Original Party

*Litigation Services standard deliverable is digital, if a hard copy is required please note in "Special Instructions".

Job No.: _____ Job Date: _____ Reporter: _____

Witness 1: _____ Witness 2: _____

Caption: _____

Read and Sign Handling Instructions: Send to Witness Attorney Waived

Contact Name: _____ Email: _____

Address: _____ City, State Zip: _____

Scheduling Attorney: _____

Firm: _____

Party Representing: _____

Attorney Email: _____

CC: Legal Assistant or Co-Counsel Email: _____

Signature: _____

Transcript Order: Rough Draft **Yes** **No** **Expedite** Final due in 8-10 business days

Standard Deliverable Includes: E-Tran, Original and CD with the following files included on the CD:
Full, Condensed, Word Index & Exhibits.

Electronic Only: PDF with Linked Exhibits

No Exhibits

Special Instructions: _____

By signing this form, I agree that my firm or I will be solely responsible for payment of the invoices that will be rendered for the services represented by the items checked and signed above. My firm and I will also be responsible to pay a service charge of 1.5% per month for any invoices that are not paid within 30 days of the invoice date and all costs and expenses of collection including reasonable attorney's fee of 25%, which are incurred in attempting to collect any unpaid invoices.