

DEPOSITION  
TRANSCRIPT REQUEST FORM

DATE OF TODAY'S DEPOSITION: \_\_\_\_\_ REPORTER: \_\_\_\_\_

CAPTION: \_\_\_\_\_

PRINT TODAY'S WITNESSES BELOW:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
|          | 7. _____ |

**COUNSEL: TO CONFIRM YOUR REQUEST FOR TRANSCRIPT, PLEASE SIGN YOUR NAME, FILL IN THE APPROPRIATE BOXES AND RETURN THIS FORM TO THE REPORTER.**

\*\*\*DELIVERY\*\*\*

I hereby order the transcript of today's date as indicated and agree to pay for same within 30 days. Once transcript is received, if payment is not made, any attorneys' fees as a result of collection will be added to the invoice, as well as 1.5 percent per month finance charges.	ALL TODAY'S WITNESSES	ONLY WITNESSES NUMBERS	REG	EXP	DAILY COPY	ASCII DISK? CD? YES/NO
PRINTED NAME: _____  SIGNATURE: _____						
PRINTED NAME: _____  SIGNATURE: _____						
PRINTED NAME: _____  SIGNATURE: _____						
PRINTED NAME: _____  SIGNATURE: _____						
PRINTED NAME: _____  SIGNATURE: _____						

EXHIBITS: TAKEN BY REPORTER: \_\_\_\_\_ TO BE ATTACHED: \_\_\_\_\_ LEFT WITH ATTORNEY: \_\_\_\_\_