

ALLIANCE REPORTING SERVICE, INC.
TRANSCRIPT ORDER FORM

Date of Deposition: _____
(TO BE FILLED OUT BY REPORTER)

Reporter: _____
(TO BE FILLED OUT BY REPORTER)

CASE NAME: _____
(TO BE FILLED OUT BY REPORTER)

JOB #: _____
(TO BE FILLED OUT BY REPORTER)

THIS SECTION TO BE FILLED OUT BY ATTORNEY:

WITNESS(ES):

| | 0/2 | 0/1 | 1 Copy |
|---|-----|-----|--------|
| 1 | | | |
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| 3 | | | |

| | 0/2 | 0/1 | 1 Copy |
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| 4 | | | |
| 5 | | | |
| 6 | | | |

_____ Firm Name

_____ Print Name of Attorney or Representative

_____ Signature of Attorney or Representative

This will acknowledge that I have ordered the above-mentioned services and that unless otherwise indicated, that the law firm above will be responsible for payment thereof. If you do not have a credit history with our firm, we will notify you when the transcript has been completed and will forward the transcript either on a prepaid or COD basis. A late fee of 1.5% will be charged on all invoices more than 30 days past due. Unless otherwise noted, this order is for all days in the proceedings in this matter. Please note our court reporters are not authorized to quote rates.

Phone Number: () _____
Fax Number: () _____
Your File/Claim Number: _____

SEND INVOICE TO INSURANCE CARRIER

Claim No. _____
Policy No. _____
Insurance Carrier _____
Address of Carrier _____
Adjuster _____
Phone # _____

| (Please initial) | | (Please initial) | |
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| | Daily | | Minuscrit |
| | Expedite | | Disk |
| | Rush | | E-Transcript |
| | Regular | | |

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