

VIDEO ORDER FORM (for up to 6 attorneys)

Date: _____ Reporter: _____ Videographer: _____

Witness1: _____ Witness2: _____

Witness3: _____ Witness4: _____

***** PLEASE LIST AN ATTORNEY FROM EACH FIRM, INCLUDING NON-ORDERING ONES! *****

BUSINESS CARD

Name:	Ordering Attorney
Firm:	_____
Phone:	_____
Address:	_____
Format :	<input type="checkbox"/> My Usual <input type="checkbox"/> MP4 <input type="checkbox"/> Sync <input type="checkbox"/> Ask Paralegal :
Options:	<input type="checkbox"/> Rush by _____ <input type="checkbox"/> On USB stick <input type="checkbox"/> Over Internet
Signature:	<small>No Signature required for Ordering Attorney please</small>

BUSINESS CARD

Name:	Copy Attorney
Firm:	_____
Phone:	_____
Address:	_____
Format :	<input type="checkbox"/> No Copy <input type="checkbox"/> MP4 <input type="checkbox"/> Sync <input type="checkbox"/> Ask Paralegal :
Options:	<input type="checkbox"/> Rush by _____ <input type="checkbox"/> On USB stick <input type="checkbox"/> Over Internet
Signature:	_____

BUSINESS CARD

Name:	Copy Attorney
Firm:	_____
Phone:	_____
Address:	_____
Format :	<input type="checkbox"/> No Copy <input type="checkbox"/> MP4 <input type="checkbox"/> Sync <input type="checkbox"/> Ask Paralegal :
Options:	<input type="checkbox"/> Rush by _____ <input type="checkbox"/> On USB stick <input type="checkbox"/> Over Internet
Signature:	_____

BUSINESS CARD

Name:	Copy Attorney
Firm:	_____
Phone:	_____
Address:	_____
Format :	<input type="checkbox"/> No Copy <input type="checkbox"/> MP4 <input type="checkbox"/> Sync <input type="checkbox"/> Ask Paralegal :
Options:	<input type="checkbox"/> Rush by _____ <input type="checkbox"/> On USB stick <input type="checkbox"/> Over Internet
Signature:	_____

BUSINESS CARD

Name:	Copy Attorney
Firm:	_____
Phone:	_____
Address:	_____
Format :	<input type="checkbox"/> No Copy <input type="checkbox"/> MP4 <input type="checkbox"/> Sync <input type="checkbox"/> Ask Paralegal :
Options:	<input type="checkbox"/> Rush by _____ <input type="checkbox"/> On USB stick <input type="checkbox"/> Over Internet
Signature:	_____

BUSINESS CARD

Name:	Copy Attorney
Firm:	_____
Phone:	_____
Address:	_____
Format :	<input type="checkbox"/> No Copy <input type="checkbox"/> MP4 <input type="checkbox"/> Sync <input type="checkbox"/> Ask Paralegal :
Options:	<input type="checkbox"/> Rush by _____ <input type="checkbox"/> On USB stick <input type="checkbox"/> Over Internet
Signature:	_____