

VIDEO ORDER FORM *(for up to 11 attorneys)*

Date: _____ Reporter: _____ Job No.: _____

Style: _____ Videographer: _____

Witness1: _____ Witness2: _____ Witness3: _____

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

1	Name: Ordering Attorney	<input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
----------	--	--

2	Name: Copy Attorney	<input type="checkbox"/> No Copy <input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
	Signature:	

3	Name: Copy Attorney	<input type="checkbox"/> No Copy <input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
	Signature:	

4	Name: Copy Attorney	<input type="checkbox"/> No Copy <input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
	Signature:	

5	Name: Copy Attorney	<input type="checkbox"/> No Copy <input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
	Signature:	

6	Name: Copy Attorney	<input type="checkbox"/> No Copy <input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
	Signature:	

7	Name: Copy Attorney	<input type="checkbox"/> No Copy <input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
	Signature:	

8	Name: Copy Attorney	<input type="checkbox"/> No Copy <input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
	Signature:	

9	Name: Copy Attorney	<input type="checkbox"/> No Copy <input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
	Signature:	

10	Name: Copy Attorney	<input type="checkbox"/> No Copy <input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
	Signature:	

11	Name: Copy Attorney	<input type="checkbox"/> No Copy <input type="checkbox"/> DVD <input type="checkbox"/> MPEG-1 <input type="checkbox"/> Sync: DepoView / Sanction / Trial Director / Summation <input type="checkbox"/> Call my paralegal/Secretary: _____ at _____
	Signature:	

PLEASE PROVIDE CONTACT INFO FOR ALL ATTORNEYS ON THIS ORDER FORM!!

(Staple business cards to contact card page)

Contact Sheet (for 11 attorney order form)

Ordering Attorney (1)

Name:

Firm:

Phone:

Address:

Copy Attorney (2)

Name:

Firm:

Phone:

Address:

Copy Attorney (3)

Name:

Firm:

Phone:

Address:

Copy Attorney (4)

Name:

Firm:

Phone:

Address:

Copy Attorney (5)

Name:

Firm:

Phone:

Address:

Copy Attorney (6)

Name:

Firm:

Phone:

Address:

Copy Attorney (7)

Name:

Firm:

Phone:

Address:

Copy Attorney (8)

Name:

Firm:

Phone:

Address:

Contact Sheet Page2 (for 11 attorney order form)

Copy Attorney (9)

Name:

Firm:

Phone:

Address:

Copy Attorney (10)

Name:

Firm:

Phone:

Address:

Copy Attorney (11)

Name:

Firm:

Phone:

Address:

Copy Attorney (extra)

Name:

Firm:

Phone:

Address:

No Copy DVD MPEG-1 Sync MP4  Paralegal name

Signature:

Copy Attorney (extra)

Name:

Firm:

Phone:

Address:

No Copy DVD MPEG-1 Sync MP4  Paralegal name

Signature: