

VIDEO ORDER FORM (for up to 6 attorneys)

Date: _____ Reporter: _____ Job No.: _____
Style: _____ Videographer: _____
Witness1: _____ Witness2: _____ Witness3: _____

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

Name: Ordering Attorney
Firm: _____
Phone: _____
Address: _____
Format : <input type="checkbox"/> My Usual <input type="checkbox"/> MPEG-1 <input type="checkbox"/> DVD <input type="checkbox"/> MP4 <input type="checkbox"/> Ask Paralegal
Options: <input type="checkbox"/> Sync <input type="checkbox"/> Rush by _____ <input type="checkbox"/> On USB stick
No Signature required for Ordering Attorney please
Signature: _____

Name: Copy Attorney
Firm: _____
Phone: _____
Address: _____
Format : <input type="checkbox"/> No Copy <input type="checkbox"/> MPEG-1 <input type="checkbox"/> DVD <input type="checkbox"/> MP4 <input type="checkbox"/> Ask Paralegal
Options: <input type="checkbox"/> Sync <input type="checkbox"/> Rush by _____ <input type="checkbox"/> On USB stick
Signature: _____

Name: Copy Attorney
Firm: _____
Phone: _____
Address: _____
Format : <input type="checkbox"/> No Copy <input type="checkbox"/> MPEG-1 <input type="checkbox"/> DVD <input type="checkbox"/> MP4 <input type="checkbox"/> Ask Paralegal
Options: <input type="checkbox"/> Sync <input type="checkbox"/> Rush by _____ <input type="checkbox"/> On USB stick
Signature: _____

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