

Absolute Reporting, LLC

Court Reporting & Videography

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TRANSCRIPT ORDER FORM

Date of Deposition:		
Deponent's name:		
Style of case:		
Case No.:		
Court Reporter:		
Attorney:		
Firm:		
Address:		
City:	State:	Zip:
Phone:		

Check all that apply:

<input type="checkbox"/>	Transcript hard copy
<input type="checkbox"/>	Condensed hard copy
<input type="checkbox"/>	Standard CD (ASCII, E-tran or Word)
<input type="checkbox"/>	DVD copy if Video Deposition

Delivery information:

<input type="checkbox"/>	Standard Delivery (10 business days)
<input type="checkbox"/>	Expedited - Date Needed:

Payment Information:

<input type="checkbox"/>	Check#	Date:
<input type="checkbox"/>	Credit Card#:	Exp. Date:
<input type="checkbox"/>	Name on card:	

I hereby request the services of Absolute Reporting, LLC as outlined above and accept responsibility for payment.

Signature

Date

Disclosure Statement pursuant to OCGA 9-11-28 As a Certified Court Reporter for Absolute Reporting, LLC, I was contacted to provide court reporting services for this deposition. I have no contract/agreement to provide court reporting services with any party to the case or any counsel in the case. I have no personal or financial interest in the case. I will charge my usual and customary rates to all parties in the case. A complete, detailed fee schedule is available from Absolute Reporting, LLC upon request. I hereby certify that the above disclosure statement is true and correct and that copies have been furnished to counsel and/or parties, and this disclosure is hereby incorporated into and made part of the deposition transcript.