



DEPOSITION REQUEST SHEET

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Name: _____ Today's Date _____
Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____
Email: _____

DEPOSITION INFORMATION:

Deposition Date: _____
Deposition Time: _____
Deposition Location: _____
Case Name: _____
Case Number: _____
Deponent Name: _____
Expected Length of Deposition: _____
Requested Delivery Date: _____
Originator Number of Copies: _____ Other Number of Copies _____
Mini with Indexing: Y / N
Emailed PDF: Y / N
Rush: Y / N
Other Information: _____

Thank you for your business.