

Transcript Order Form

Phone: 713.626.2629 Fax: 713.626.1966

Deposition Date: _____ Witness(es): _____

Reporter: _____ Style: _____

***** ALL DEPOSITIONS WILL BE TRANSCRIBED UNLESS ATTORNEY INFORMS***
REPORTER OTHERWISE AT THE CONCLUSION OF THE DEPOSITION**

I, the undersigned, hereby request that I be provided with the following services in connection with the deposition(s) taken in the above-referenced cause. Pursuant to Texas Government Code, Section 52.059, et seq., I also acknowledge my statutory contractual responsibility for the timely payment of all items ordered. I also agree to interest charges of 10% per annum on any balance unpaid 30 days past the initial billing date. The parties hereby agree that in any subsequent litigation on unpaid invoice(s), venue will be in Harris County, Texas regardless of the location of the deposition or the debtor.

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Attorney's Signature

* includes exhibits, condensed, word index & E-Transcript on CD

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Attorney's Name: _____ Special Instructions: _____

Deposition(s)* Original Copy _____

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Attorney's Signature

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