



TRANSCRIPT ORDER

REPORTER NAME: _____

CASE NAME/NO.: _____

DATE: _____ JOB # _____ EXHIBITS Yes / No Witness Name: _____
(circle one)

DATE: _____ JOB # _____ EXHIBITS Yes / No Witness Name: _____

DATE: _____ JOB # _____ EXHIBITS Yes / No Witness Name: _____

ATTORNEY NAME: _____ e-mail: _____

LAW FIRM: _____

PHONE: _____

DELIVERY ADDRESS: _____

SCHEDULING ATTORNEY Yes / No

COPY ATTORNEY Yes / No

Your signature on this form will secure an order that includes the items that you have selected below.
Please check the box next to the services you are requesting.

- Printed Transcript
- eTranscript
- Exhibits
- Rough Draft
- Expedited Transcript - Delivery Date Requested: _____
- Condensed Transcript
- Index Pages
- Special Service Requests: _____

Attorney Signature: _____ Date: _____

I agree that my firm and I will be responsible for the timely payment of any order indicated above that I requested from eCourt Reporters. I agree to pay for said items ordered within thirty (30) days upon receipt of the invoice(s). All payments should be sent to eCourt Reporters, 441 Milwaukee Avenue, Suite 11, Burlington, WI, 53105. All amounts not paid within 30 days are subject to a late fee penalty. Please submit all signed forms to: **production@ecourtreporters.com**.