

Scheduling Order Form

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E-mail form to admin@cjareporting.com

Assistant/Secretary's Name _____

Attorney's Name _____

Firm Name _____

Attorney's Phone _____

Date to Schedule _____ Time _____ AM PM

Location _____

Details _____

Type: DEPOSITION VIDEO DEPOSITION HEARING TRIAL EUO IME MEETING

Videographer Interpreter Telephone Number for Telephonic _____

Case Style _____

Deponent/Witness/Judge _____

Additional Comments/Special Requests _____

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Should you need to amend, cancel, or add to this request, feel free to contact us via our website, phone, or e-mail. We will contact you the day before the scheduled date to confirm. Please be sure to fax, e-mail, or mail the copy of the notice. We look forward to providing you with professional service and quality court reporting.