

# Video Order Confirmation Form

Assignment Number	
Assignment Date	
Esquire Office	
Videographer	
Deponent	
Case Name	

Video Media	Runtime
Tape #1	
Tape #2	
Tape #3	
Tape #4	
Tape #5	
Tape #6	
Tape #7	
Tape #8	
<b>TOTAL</b>	

### Please check off your selection and sign your name to place an order

Your checkmark acts as an agreement for the purchase of the items requested  
*All Deliveries Ordered Faster Than Regular 10 Business Day Delivery Will Result in Additional Per Page Charges*

Attorney Signature			
Attorney Name (printed)			
Email		Phone	
Firm Name			
Address			

ORDERING	Video Format	Linked File Type
<input type="checkbox"/> ORIGINAL <input type="checkbox"/> COPY	<input type="checkbox"/> MPEG-1 <input type="checkbox"/> MPEG-2 <input type="checkbox"/> MPEG-4 <input type="checkbox"/> DVD <input type="checkbox"/> Default	<input type="checkbox"/> LEF (LiveNote) <input type="checkbox"/> SBF (Summation) <input type="checkbox"/> XMEF (TextMap) <input type="checkbox"/> MDB (Sanction) <input type="checkbox"/> CMS (Trial Director) <input type="checkbox"/> PTZ (Case Notebook)

<b>Delivery Date:</b>	
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<b>Delivery Notes:</b>	
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