

Tate & Tate, Inc.
Certified Court Reporters
520 Stokes Road – Suite C-1
Medford, New Jersey 08055
(856) 983-8484 – Fax (856) 985-0629
Toll Free – 800-636-8283

TRANSCRIPT ORDER FORM

Case Name: _____ Date of Deposition _____

Firm name: _____

Attorney requesting copy: _____

I request that the deposition transcript of the following witness(es) be sent to my office and agree to pay for same:

Witness name: _____ Witness name: _____

Witness name: _____ Witness name: _____

Bill invoice to: _____ My Firm _____ The insurance carrier below:

Carrier name: _____

Carrier address: _____ City _____

State: _____ ZIP: _____

Adjuster's name: _____

Claim #: _____

Signature: _____

(The undersigned hereby requests copies of the transcripts stated above and agrees to pay for same)

Email Address: _____

(Our firm uses an Online Repository – Your email address is needed for same.)

