



DEPOSITION REQUEST FORM

INSTRUCTIONS: Print/download this form, complete all items, return completed form to OS+

ORDERING PARTY NAME: _____

FIRM NAME _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE: (____) ____ - ____ FAX: (____) ____ - ____ EMAIL: _____

DEFENSE ATTORNEY NAME, ADDRESS, PHONE: _____

PLAINTIFF ATTORNEY NAME, ADDRESS, PHONE: _____

DEPOSITION INFORMATION

I, the undersigned, hereby acknowledge, that I am ordering the below-mentioned documents and that payment is due in full before delivery. The order will be completed unless cancelled within 5 days of the deposition date on this form; if not cancelled, payment is required and delivery will be made.

DEPOSITION DATE: ____/____/____ DEPOSITION TIME: _____

DEPOSITION LOCATION: _____

CASE NAME: _____ CASE NO. _____

DEPONENT NAME: _____

EXPECTED LENGTH OF DEPOSITION: _____

REQUESTED NO. ORIGINALS: ____ REQUESTED NO. COPIES ____ COPIES OF EXHIBITS: ____ Y/N ____

PDF: _____ TURNAROUND: RUSH: 1-9 DAYS ____ REGULAR TURNAROUND: 10 DAYS ____

COURT REPORTER: _____

OTHER INFORMATION: _____

ATTORNEY SIGNATURE: _____ DATE: ____/____/____

(Required) PLEASE ATTACH YOUR BUSINESS CARD

OS+ PAYMENT OPTIONS: Cash, Check, Major Credit Cards, PayPal, Zelle