

# iDepo Hawaii Transcript Order Form



Reporter Name: \_\_\_\_\_ Deponent: \_\_\_\_\_

Case: \_\_\_\_\_ Date: \_\_\_\_\_ Job #: \_\_\_\_\_

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Attorney Name: \_\_\_\_\_ Representing: \_\_\_\_\_ Firm: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

cc: \_\_\_\_\_

<b>Hardcopy:</b>	Yes / No	<b>Do not include exhibits</b> (otherwise always included):	<input type="checkbox"/>
<b>E-Copy Only:</b>	Yes / No	<b>Expedited Delivery?</b>	Yes / No
<b>Exhibits:</b>	Color / B&W	<b>Delivery Date:</b> __/__/__	
<b>*Rough Draft:</b>	Yes / No	<b>CD:</b>	Yes / No
<b>Condensed:</b>	Yes / No	→ Electronic/Hard	
		<b>Check for ALL VOLUMES:</b> <input type="checkbox"/>	

x \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Signature** **Date**

Attorney Name: \_\_\_\_\_ Representing: \_\_\_\_\_ Firm: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

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		<b>Check for ALL VOLUMES:</b> <input type="checkbox"/>	

x \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Signature** **Date**

Attorney Name: \_\_\_\_\_ Representing: \_\_\_\_\_ Firm: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

cc: \_\_\_\_\_

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x \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Signature** **Date**

Terms and Conditions: I understand that if I am not a regular client of iDepo Hawaii, LLC or do not have an established credit history, I may be requested to remit payment on a COD basis. I agree that my order cannot be cancelled after the transcript has been produced or the service has been provided. I acknowledge that my firm and I are jointly and severally liable for payment of charges resulting from my transcript order. I understand that payment is due upon receipt. Invoices not paid in (30) days shall accrue interest at the rate of 1.5% per month. iDepo Hawaii, LLC., reserves the right to recover all costs and expenses incurred in collecting such amounts, including but not limited to reasonable attorney's fees. \*I understand when receiving a rough draft, a final certified copy must be ordered. I agree to the terms and conditions listed above.