

This form must be completed and attached to all exhibits.

Reporter's Name: _____ Date turned in: _____

Job Number: _____ Depo Date: _____

Deponent: _____

Case Name: _____

Number of Exhibit Copies: _____

Original Exhibits:

Attach to original transcript

Return original exhibits to witness or counsel:

Name: _____

Business Name: _____

Address: _____

Total Number of All Exhibits: _____

Total Pages of All Exhibits: _____

Any Color Copies (w Highlights)?

No Yes

Are copies in color?

No Yes

Which Exhibit Numbers? _____

Any Funky Exhibits?

No Yes

Which Exhibit Numbers? _____

Special Instructions:

