

Thank you for agreeing to cover this Alaris Litigation Services assignment! In an effort to deliver prompt, professional service to our clients, please follow the guidelines below.

TRANSCRIPT FORMAT INSTRUCTIONS

- Lines per page: 25 (Federal and other jurisdictions) or 24 (IL State court cases)
- Double-spaced
- Page numbers on each page, including the title page
- No header (except for roughs: "ROUGH-DRAFT TRANSCRIPT OF JOE SMITH")
- No footer
- 52 characters per line
- Time stamps, if requested, along left margin, unless otherwise specified
- If multiple volumes, please use consecutive page numbers from volume to volume

PAGE ORDER

The transcript must include the following items in the following order:

- Cover page (Supplied separately in Word format)
- Index page
 - o List on the index page each exhibit marked or referenced in the transcript. This includes previously marked exhibits.
 - o Include the word "Exhibit" preceding the number -- e.g., "Exhibit 1" - so it can be linked to the exhibit.
 - o Indicate disposition of exhibits (e.g., retained by which counsel, returned to witness, etc.).
- Title page
- Appearance page
- The body of the transcript
- Reporter certificate
- Errata sheet (if applicable)
- Witness signature page (if applicable)
- MO Certificate of Deposition (if applicable - MO State Court cases only)

EXHIBIT INSTRUCTIONS

- Each numbered exhibit should be contained in a separate PDF file.
- Please complete an Exhibit Sheet, including clear and complete exhibit order instructions.
- ***Please see Transcript Delivery Instructions below for info on sending in hard-copy exhibits.***

FILE NAMES

- Please name your files using the ALS job number, the first initial and the last name of the witness, and the job date. Additional abbreviations, in bold font below, tell us the types of files; e.g.,
 - o Transcript: 21057jsmith01122017.txt
 - o Invoice: 21057jsmith01122017 **INV**.doc
 - o Job Sheet: 21057jsmith01122017 **JS**.pdf
 - o Cover Page: 21057jsmith01122017 **CVR**.doc

TRANSCRIPT DELIVERY INSTRUCTIONS

- Due dates
 - o Transcripts are **due to ALS by 8am on the 8th business day** from the date the job was taken, unless otherwise advised by ALS
 - o If our client requests expedited delivery, please notify our Scheduling Department immediately at 800-280-3376 or scheduling@alarislitigation.us.
 - o **Roughs are due by 8pm on the date the job was taken. (Please see email instructions below.)**
- FedEx - Please send the following items
 - via **FedEx Account # 824444269, Priority delivery**
 - to **Alaris Litigation Services, 711 N. 11th St., St. Louis, MO 63101:**
 - o Hard-copy exhibits
 - o Completed Exhibit Sheet
 - o Signed original certification page
 - o Completed Job Sheet
 - o Completed and signed Service Order Form(s)
 - Please note that we cannot guarantee payment for any order for which we don't receive a signed Service Order Form.***
- Email
 - o Email addresses
 - **Regular:** Email ASCII transcript files to production@alarislitigation.us
 - **ROUGH:** Email rough ASCII transcript files to roughs@alarislitigation.us
 - Include the word "**ROUGH**" in the subject line
 - Include distribution instructions
 - Include recipient email addresses (and please double-check them for accuracy)
 - Please do *NOT* send rough-draft transcripts directly to clients
 - o Subject line
 - Please include the ALS job number and the date taken in the subject line; e.g.,
21057 01/12/17
 - If the job is a rush, please include the word "**RUSH**"; e.g.,
21057 01/12/17 RUSH
 - If the job is a rough-draft, please include the word "**ROUGH**"; e.g.,
21057 01/12/17 ROUGH

VIDEO DELIVERY INSTRUCTIONS

- Due date
 - o Video masters are due to ALS within **2 business days** of the date the job was taken.
- FedEx - Please send the following items
 - via **FedEx Account # 824444269, Priority delivery**
 - to **Alaris Litigation Services, 711 N. 11th St., St. Louis, MO 63101:**
 - o Video masters
 - o Completed Video Worksheet
 - o Copy of Objection Log

Please note that you are required to make a backup and retain a copy of the video for 30 days.

BILLING

- To avoid payment delay, please email your invoice with your job. The final invoice should be submitted with your job.
- Please direct your questions regarding invoicing to billing@alarislitigation.us.
- *Any additional charges not specified herein must first be approved in writing by ALS prior to production and invoicing of the job.*

Please feel free to contact us at any time with any questions at all at **800-280-3376**.
Thank you for covering this job for us. We appreciate your cooperation and professionalism!

STL Reporting Job Sheet

Reporter Name: Job Number: Mileage over 100 mi.
 Videographer Name: Job Date: Appearance Time
 Case Style:

	Deposition or Proceeding	Page Count	Read & Sign	Technical	Additional Services
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Realtime Hook-up
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rough Draft
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Telephonic App.
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Video Conference
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please enter additional service details in special instructions.

Notes / Special Instructions / Split Invoice

Requested Delivery

8 - 10
 5 - 7
 3 - 4
 2
 1
 Same Day

Business days

Exhibit Status

No Exhibits Marked
 Retained by: _____
 With Reporter
 At ALS Office: _____
 Tracking #: _____
 Return to witness

* Email Only = No paper delivery

Original to: _____
 Email Address: _____
 Full Original Add'l Full Condensed Email Email Only* R&S: _____
 Notes / Special Instructions: _____

OFFICE USE ONLY

Exhibits O HC E Disc Linked Exh: _____

Video DepoView DVD _____

COD MPEG1 Other _____

BW / C _____ **Sent** _____

Copy to: _____
 Email Address: _____
 Full Condensed Email Email Only* R&S: _____
 Notes / Special Instructions: _____

OFFICE USE ONLY

Exhibits O HC E Disc Linked Exh: _____

Video DepoView DVD _____

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 Notes / Special Instructions: _____

OFFICE USE ONLY

Exhibits O HC E Disc Linked Exh: _____

Video DepoView DVD _____

COD MPEG1 Other _____

BW / C _____ **Sent** _____

STL Exhibit Sheet



ALARIS

Litigation Services

Alaris Litigation Services
 711 North 11th Street
 St. Louis, MO 63101
 Phone: 314-644-2191
 Fax: 314-802-0138
www.alaris.us

Reporter Name Job Number

Job Date Service Order Form Attached Reporter Requesting Scans Yes No

Case Style

	Deposition or Proceeding	Exhibit Range
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

Number of Pages (OFFICE USE ONLY)

B/W _____ Color _____ Media _____ Other _____

Notes / Special Instructions

Exhibits To: Linked Exhibit Formats : LEF (LiveNote Evidence Format), PTZ (Case Notebook), SBF (Summation Briefcase), XMEF (TextMap Exhibit Linker), PDF

Attorney Name _____	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Disc
Email Address _____	<input type="checkbox"/> Email	<input type="checkbox"/> No Copy
Original exhibit #'s returned to this attorney: _____	<input type="checkbox"/> Linked: _____	
Attorney Name _____	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Disc
Email Address _____	<input type="checkbox"/> Email	<input type="checkbox"/> No Copy
Original exhibit #'s returned to this attorney: _____	<input type="checkbox"/> Linked: _____	
Attorney Name _____	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Disc
Email Address _____	<input type="checkbox"/> Email	<input type="checkbox"/> No Copy
Original exhibit #'s returned to this attorney: _____	<input type="checkbox"/> Linked: _____	
Attorney Name _____	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Disc
Email Address _____	<input type="checkbox"/> Email	<input type="checkbox"/> No Copy
Original exhibit #'s returned to this attorney: _____	<input type="checkbox"/> Linked: _____	
Attorney Name _____	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Disc
Email Address _____	<input type="checkbox"/> Email	<input type="checkbox"/> No Copy
Original exhibit #'s returned to this attorney: _____	<input type="checkbox"/> Linked: _____	