

Court Reporter Information Form

Reporter's Full Name: _____

Address: _____

Ph #: _____

Cell #: _____

Fax#: _____

E-mail: _____

Social Security # _____ or Tax ID # _____

Specialties:

Rough Disk: Yes No Live Note: Yes No

Notary Public (which state): _____ Notary Expiration Date: _____

Work Abilities: (circle those that apply)

Personal Injury, Business Litigation, Medical Malpractice, Worker Comp, Family Law, etc.

Please specify any others: _____

Work Area Preferences:

How many miles from home: _____ will you travel to West LA/ Santa Monica Area: _____