

# Wall Street Reporting, Inc. Production / Billing Sheet

**WSR Job #** \_\_\_\_\_

**Job Date:** \_\_\_\_\_

**Court Reporter Name:** \_\_\_\_\_

**Case Caption:** \_\_\_\_\_

**Witness: A)** \_\_\_\_\_ **B)** \_\_\_\_\_

**C)** \_\_\_\_\_ **D)** \_\_\_\_\_

**Start/End Time:** \_\_\_\_\_ **Depo Concluded:** Y or N **Trial Date:** \_\_\_\_\_

**Interpreter:** Y or N **Videographer:** Y or N **Timestamp:** Y or N

**Ordering Attorney** (attorney to be charged for attendance) \_\_\_\_\_

\_\_\_\_\_

**Total Order: O &** \_\_\_\_\_

\_\_\_\_\_

**Production / Exhibit Instructions:** -----

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**Confidential Portion Instruction:**

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**Original Transcript Signature Handling:**

**Send Original To:** \_\_\_\_\_ **Time Req'd for Read & Sign:** \_\_\_\_\_

**Witness A:** \_\_\_\_\_

**Witness B:** \_\_\_\_\_

**Witness C:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reporter Name:** \_\_\_\_\_ **WSR Job #** \_\_\_\_\_

**Client Orders: (Please fully complete below)**

Law Firm Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Bill: O& \_\_\_\_\_ Deliver: \_\_\_\_\_ Exhibit Instruction: \_\_\_\_\_**

Law Firm Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Bill: \_\_\_\_\_ Deliver: \_\_\_\_\_ Exhibit Instruction: \_\_\_\_\_**

Law Firm Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Bill: \_\_\_\_\_ Deliver: \_\_\_\_\_ Exhibit Instruction: \_\_\_\_\_**

Law Firm Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Bill: \_\_\_\_\_ Deliver: \_\_\_\_\_ Exhibit Instruction: \_\_\_\_\_**

Law Firm Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Bill: \_\_\_\_\_ Deliver: \_\_\_\_\_ Exhibit Instruction: \_\_\_\_\_**

**Billing Instruction / Insurance Billing: (if available please list all billing info)**

**Bill Insurance Company:**

Address: \_\_\_\_\_

Adjuster: \_\_\_\_\_

Claim #: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

**Reporter Payroll Information:**

Attendance: \_\_\_\_\_ Total Pages of Transcript: \_\_\_\_\_ (X) Page Rate: \_\_\_\_\_ = \_\_\_\_\_

How many Copies: \_\_\_\_\_ Copy Orders Pages: \_\_\_\_\_ (X) Page Rate: \_\_\_\_\_ = \_\_\_\_\_

Rough Disk: \_\_\_\_\_ Real-time: \_\_\_\_\_ Interpreter: \_\_\_\_\_ Videographer: \_\_\_\_\_

Parking: \_\_\_\_\_ Mileage: \_\_\_\_\_ Wait Time: \_\_\_\_\_ Exhibit Sorting / Counting: \_\_\_\_\_

Other Special Billing: \_\_\_\_\_

**Additional Special Instruction:**

\_\_\_\_\_