



**HG TRANSCRIPT ORDER FORM**

Reporter Name: \_\_\_\_\_  
Witness Name: \_\_\_\_\_

HG Job #: \_\_\_\_\_  
Depo Date: \_\_\_\_\_

**COUNSEL: PLEASE INDICATE YOUR TRANSCRIPT ORDER BELOW. IN ADDITION TO YOUR ORDER, YOU WILL RECEIVE COMPLIMENTARY 24/7 ACCESS TO THOSE DOCUMENTS ONLINE AT [www.hglitigation.com](http://www.hglitigation.com).**

I authorize HG Litigation to provide me with items indicated below, and agree to be responsible for payment.

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Attorney: \_\_\_\_\_ Email: \_\_\_\_\_

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**TRIAL DATE:** \_\_\_\_\_

**READ & SIGN**

Read & Sign waived.  
 Read & Sign requested.  
Send to: \_\_\_\_\_

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