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Video Deposition Worksheet

Job No.: _____ Date of Deposition: _____

Videographer: _____ Video Company: _____

Reporter: _____ Reporting Company: _____

Hiring Attorney: _____

Location: _____

Scheduled Start Time: _____ Trial Date: _____

Caption: _____

Venue: _____

Case Number: _____

Witness Name(s): _____

Videographers Attendance Hours: _____

Deposition Start Time: _____ Deposition End Time: _____

Total Deposition Time: _____

Will Deposition Continue: _____ If yes, when? _____

Total Number of Tapes Used Today: _____ Format: _____

Tape 1 Start Time: _____ End Time: _____ Running Time: _____

Tape 2 Start Time: _____ End Time: _____ Running Time: _____

Tape 3 Start Time: _____ End Time: _____ Running Time: _____

Tape 4 Start Time: _____ End Time: _____ Running Time: _____

Tape 5 Start Time: _____ End Time: _____ Running Time: _____

Tape 6 Start Time: _____ End Time: _____ Running Time: _____

Archive Tape: _____ File Tape: _____ Mark Tapes Confidential: _____



Video Deposition Worksheet

Attorneys In Attendance

Attorney Name: _____
Firm: _____

Address: _____

Phone: _____

Fax: _____

Video Order: VHS, DVD, CD

Video Sync: _____

Exhibit Sync: _____

Due Date: _____

Special Instructions: _____

Attorney Name: _____

Firm: _____

Address: _____

Phone: _____

Fax: _____

Video Order: VHS, DVD, CD

Video Sync: _____

Exhibit Sync: _____

Due Date: _____

Special Instructions: _____

Attorney Name: _____

Firm: _____

Address: _____

Phone: _____

Fax: _____

Video Order: VHS, DVD, CD

Video Sync: _____

Exhibit Sync: _____

Due Date: _____

Special Instructions: _____

Attorney Name: _____

Firm: _____

Address: _____

Phone: _____

Fax: _____

Video Order: VHS, DVD, CD

Video Sync: _____

Exhibit Sync: _____

Due Date: _____

Special Instructions: _____

Attorney Name: _____

Firm: _____

Address: _____

Phone: _____

Fax: _____

Video Order: VHS, DVD, CD

Video Sync: _____

Exhibit Sync: _____

Due Date: _____

Special Instructions: _____

Attorney Name: _____

Firm: _____

Address: _____

Phone: _____

Fax: _____

Video Order: VHS, DVD, CD

Video Sync: _____

Exhibit Sync: _____

Due Date: _____

Special Instructions: _____



Video Format Options and Order Confirmation

- 1 **Standard VHS format**—This can be viewed on a VCR.
- 2 **Standard DVD format**—This can be viewed with a DVD player.
- 3 **MPEG 1 format on a CD disc**—This can be viewed by a computer equipped with a CD drive and *Windows Media Player software or software of that type*. *One CD can hold up to 1 hour of video*. MPEG 1 is used with most trial presentation software (i.e. Sanction, Trial Director, etc.) and is the standard media for video playback by the NNRC.
- 4 **MPEG 1 format on a DVD disc**—This can be viewed on a computer equipped with a DVD drive and *Windows Media Player software or software of that type*. *One DVD can hold up to 6 hours of video*. MPEG 1 is used with most trial presentation software. (i.e. Sanction, Trial Director, etc.) and is the **standard** media for video playback by the NNRC.
- 5 **MPEG 2 format on a DVD disc**—This can be viewed on a computer equipped with a DVD drive and *Windows Media Player software or software of that type*. It is also compatible with most stand-alone DVD players and will hold up to 2 hours of video.
Note: This format is not compatible with trial presentation software.
- 6 **Video Synchronization on a DVD disc**—This format allows you to view the synchronized transcript with the video on a computer equipped with a DVD drive. An example of this would be YesLaw and DepoView.

Format Option #: _____

(use number from format option page)

Exhibit Sync: _____

Due Date: _____

Special Instructions: _____

Payment Options:

Net 30. I will make payment by check within 30 days (If deemed necessary, payment will be due upon delivery).

Credit Card. Please indicate if your credit card billing name and address differs from that given to the reporter. We accept VISA, MasterCard, Discover and American Express given to the reporter or videographer.

_____ **Exp.** ____/____

Law Firm: _____

Address: _____ **City:** _____ **State:** _____

Print Name: _____

Date: _____

Authorized Signature: _____