



# STL JOB DELIVERY INSTRUCTIONS

Thank you for agreeing to cover this Midwest 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 BLOW")
- 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
  - List on the index page each exhibit marked or referenced in the transcript. This includes previously marked exhibits.
  - Include the word "Exhibit" preceding the number -- e.g., "Exhibit 1" - so it can be linked to the exhibit.
  - 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 MLS 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.,
  - Transcript: 21057jsmith01122017.txt
  - Invoice: 21057jsmith01122017 **INV**.doc
  - Job Sheet: 21057jsmith01122017 **JS**.pdf
  - Cover Page: 21057jsmith01122017 **CVR**.doc

## TRANSCRIPT DELIVERY INSTRUCTIONS

- Due dates
  - Transcripts are **due to MLS by 8am on the 8th business day** from the date the job was taken, unless otherwise advised by MLS
  - If our client requests **expedited delivery**, please notify our Scheduling Department immediately at **800-280-3376** or [scheduling@midwestlitigation.com](mailto:scheduling@midwestlitigation.com).
  - **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 **Midwest Litigation Services, 711 N. 11<sup>th</sup> St., St. Louis, MO 63101:**
  - Hard-copy exhibits
  - Completed Exhibit Sheet
  - Signed original certification page
  - Completed Job Sheet
  - 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
  - Email addresses
    - **Regular:** Email ASCII transcript files to [production@midwestlitigation.com](mailto:production@midwestlitigation.com)
    - **ROUGH:** Email rough ASCII transcript files to [roughs@midwestlitigation.com](mailto:roughs@midwestlitigation.com)
      - 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
  - Subject line
    - Please include the MLS 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
  - Video masters are due to MLS within **2 business days** of the date the job was taken.
- FedEx - Please send the following items
  - via **FedEx Account # 824444269, Priority delivery**
  - to **Midwest Litigation Services, 711 N. 11<sup>th</sup> St., St. Louis, MO 63101:**
  - Video masters
  - Completed Video Worksheet
  - 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@midwestlitigation.com](mailto:billing@midwestlitigation.com).
- ***Any additional charges not specified herein must first be approved in writing by MLS 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 MLS 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: \_\_\_\_\_

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**Video**  DepoView  DVD \_\_\_\_\_

COD  MPEG1  Other \_\_\_\_\_

**BW / C** \_\_\_\_\_ **Sent** \_\_\_\_\_

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

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**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: \_\_\_\_\_

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**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 \_\_\_\_\_

COD  MPEG1  Other \_\_\_\_\_

**BW / C** \_\_\_\_\_ **Sent** \_\_\_\_\_

# STL Exhibit Sheet



Midwest Litigation Services  
 711 North 11th Street  
 St. Louis, MO 63101  
 Phone: 314-644-2191  
 Fax: 314-802-0138  
[www.midwestlitigation.com](http://www.midwestlitigation.com)

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: _____ |                                  |