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DEPOSITION CHECKLIST

- YOUR NAME
- ATTORNEY'S NAME
- DATE OF DEPOSITION
- TIME OF DEPOSITION
- LOCATION OF DEPOSITION
- EXPECTED LENGTH OF DEPOSITION
- PHONE NUMBER
- EMAIL
- LIST OF SPECIAL REQUESTS

SPECIAL REQUESTS

- CONFERENCE ROOM
- TELEPHONE DEPOSITION
- VIDEOCONFERENCING
- VIDEOGRAPHER
- REAL TIME
- EXPEDITED TRANSCRIPT

EMAIL THE ABOVE INFORMATION FOR AN IMMEDIATE CONFIRMATION.

OUR SERVICES

