

AWR NETWORK WORKSHEET

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Please use one (1) worksheet per witness (Print or Save As to add other witnesses and give a different name)

Job Number _____

Witness Name _____

Expedited: Email Paper

Read & Sign (send to) _____ Read & Sign Waived

Attach to Original Deposition

Send to Witness or Counsel

PLF. EXH. #s	
DFT. EXH. #s	
WITNESS EXH. #s	

Address -
Cut and Paste
From Apps
Page:

No Yes

Attorney	No Order	Orig	Copy	Scanned Exhs	Printed Exhs	Video Order
	<input type="checkbox"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special
Instructions/
Notes

SS	FB	NO LB	LBCD	Cond As Copy	Bind Cond Sep	Cond Lft to Rgt (Hor.)	
<u>EXHIBITS</u>				<u>Wit</u>	Time Start		
Color					Time End		
B/W					Lunch		
Tabs					Depo Location		
# of Pages				Exhibit	Transcript		
Delivery				HD UCC SAVER		FedEx	

Cond As Copy