

WITH OUR OFFICE. PLEASE REFERENCE OUR GUIDELINES ON FOLLOWING PAGES.

AFFILIATE VIDEO PRODUCTION GUIDELINES

Use the U.S. Legal Support read-on found on the Video Worksheet. All discs must be labeled with witness name, date, disc number, and disc time.

Please ask the attorney what format they would like their copy to be in: DVD, MPEG, or Sync. Please note the ordered format on the Video Worksheet. Please note the attorney's names and addresses, not just the attorney's name.

An objection log is not required, please do not send one. Time and Date must be shown on the video. Time should include seconds. No running time-code is to be shown on the video.

Please shoot from the top of the table to an inch above the deponent's head (unless otherwise directed).

Preferred format to send is DVD. **Do not record in LP mode. Do not send VHS, DVCam or S-VHS.** We do not pay for tape stock.

Do not do any post production on videos. Please archive a safety copy until the original discs arrive at U.S. Legal Support.

Please notify our team immediately of any request for expedited delivery or special orders. Please provide the following to our video production team within **4 business days** of the deposition:

- DVD format - VHS, SVHS, MiniDV, DVCam NOT ACCEPTED
- Completed Video Worksheet
- Detailed Invoice for your services
- UPS or FedEx must be used - No USPS

MICHIGAN PRODUCTION CONTACT INFORMATION

248-644-8888

MIVideo@uslegalsupport.com

30800 Telegraph Road, Suite 2925, Bingham Farms, MI 48025

Rachel Reynolds - Video Department Manager

248-508-0664/rreynolds@uslegalsupport.com

VIDEO WORKSHEET

Job#:

DVD#:

Travel Time:

Parking:

We are now on the record. This is the video recorded deposition of _____,
 (Witness Name)

being taken on _____, _____, _____ . The time is now _____: _____ AM/PM.
 (Day) (Month/ Date/ Year)

We are located at _____.
 (Location Address)

We are here in the matter of:

 (Plaintiff)

vs.

 (Defendant)

This is case number: _____, in the _____.
 (Court)

My name is _____, video technician. Will the court reporter swear in the witness and the attorneys briefly identify themselves for the record, please.

	Witness Name	Scheduled Start Time	Actual Start Time	End Time	Total Run Time
1.					
2.					

Scheduling Attorney:	Firm Name:
Address:	
Email:	
Format Ordered: MPEG SYNC	Delivery: STANDARD EMAIL FLASH DRIVE
Signature: _____ Notes:	
Transcript Ordered: YES NO	

Opposing Counsel:	Firm Name:
Address:	
Email:	
Format Ordered: MPEG SYNC	Delivery: STANDARD EMAIL FLASH DRIVE
Signature: _____ Notes:	
Transcript Ordered: YES NO	

Opposing Counsel:	Firm Name:
Address:	
Email:	
Format Ordered: MPEG SYNC	Delivery: STANDARD EMAIL FLASH DRIVE
Signature: _____ Notes:	
Transcript Ordered: YES NO	