

**REPORTER COMPLETION FORM**

**DATE: 1 REPORTER NAME: 1**

**JOB NUMBER: 1**

**CASE CAPTION/CASE #: 1**

**WITNESS/CASE NAME: 1/1**

**ON THE RECORD TIME: 1**

**OFF THE RECORD TIME: 1**

**READ or WAIVE: undefined**

**WITNESS #2:**

**ON THE RECORD TIME:**

**OFF THE RECORD TIME:**

**READ or WAIVE: undefined**

**WITNESS #3:**

**ON THE RECORD TIME:**

**OFF THE RECORD TIME:**

**READ or WAIVE: undefined**

**EXHIBITS: undefined**

**EXHIBITS BEING SENT TO TRANSCRIPTS@COURTSCRIBES.COM: undefined**

**TRANSCRIPT(S) ORDERED: undefined**

**DELIVERY SPEED: undefined**

**VIDEO ORDERED: undefined**

**NAMES OF ATTORNEY(S) WHO ORDERED: undefined**

**INCLUDE ANY ISSUES THAT OPERATIONS SHOULD KNOW (CONTINUE ON SECOND PAGE):**

