



APR Scheduling Form



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Client Information

Scheduled By:

Your Position:

Your E-mail Address:

Your Telephone: Ext:

Your Alternate Phone: Your Fax:

Taking Attorney:

Law Firm:

Street Address:

City: State: Zip:

Phone (if different): Ext: Fax:

Date & Time

New Assignment Previous Assignment (rescheduling)

Assignment Date:

Start Time:
 : am pm

Estimated Duration:
 Multiple days? How many?

Location

Our conference room? No (please provide details)

Location Name:

Street Address:

City: State: Zip:

Contact Person:

Location Phone: Ext:

Opposing Counsel:

Proceeding

Type of Proceeding:

Type of Litigation:

Deponent Information

(1) Deponent Name:

Deponent Type:

(2) Deponent Name:

Deponent Type:

(3) Deponent Name:

Deponent Type:

If you are scheduling **within 24 hours** of the proceeding start time, please **call** our office immediately!



Case Information

Case Name:

Case Caption:

Delivery Information

Expedited Transcript? yes no If yes, select:

Transcript Needed:

Additional Instructions:

Additional Service Details

Please indicate the specific services you require:

E-Transcript Realtime
 Telephone Deposition Videographer
 Conference Call Interpreter/Translator

Language:

Special instructions, requests, questions or comments:

Billing Information

Direct Insurance Carrier

Carrier Name:

Carrier Address:

City: State: Zip:

Claim Number:

Adjuster:

Date of Loss:

Confirmation Preference

by telephone by e-mail by fax

Please your completed form or/and (if your PDF software enables that) it **as** a new document.

The formal confirmation of your scheduled service will arrive via your chosen method of notification within hours—if you **fax** or **e-mail** your request on a business day.

We will also contact you the day before your scheduled proceeding to reconfirm.