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## DEPOSITION REQUEST

Today's Date	
Contact Name	
Attorney Name	
Firm	
Phone	
Deposition Date	
Deposition Time	
Witness Name	
Location	
	<b>Please provide the following information if you want us to prepare your notice.</b>
Plf/Clmt/Employee	
Deft/Resp/Employer	
Insurance Carrier (if Workers Comp)	
Case Number	
Judge (if Kansas Workers Comp)	
Videography Needed?	___ Yes. If marked we will schedule and confirm with Tele-Business Communications.
Additional Information	

**We will contact you to confirm receipt of your deposition request and to obtain any additional information we may need. Please feel free to contact us if you have questions.**