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Tammy J. Gerstner
 Owner

Lynn R. Hicks
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DEPOSITION REQUEST

Today's Date	
Contact Name	
Attorney Name	
Firm	
Phone	
Deposition Date	
Deposition Time	
Witness Name	
Location	
	Please provide the following information if you want us to prepare your notice.
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.