

| | |
|------------------|--------------------|
| Firm Name: | E-mail address: |
| Order By: Phone: | Today's Date/Time: |
| Direct: Fax: | Due Date/time: |
| Address: | Time of Pick-Up: |
| | # of Boxes: |
| | # of Original: |
| Client Matter#: | Job Description: |
| Case Name: | Grade/rate: |

Description of Originals: _____

| COPYING | | | | | |
|------------|---|--|--|--|--|
| PAPER SIZE | <input type="checkbox"/> As Original | <input type="checkbox"/> All 8.5 x 11 | <input type="checkbox"/> Other _____ | | |
| SIDES | <input type="checkbox"/> As Original | <input type="checkbox"/> All one sided | <input type="checkbox"/> 2 sided for 2 sided | <input type="checkbox"/> 2 sided for 1 sided | <input type="checkbox"/> 1 sided for 2 sided |
| COLOR | <input type="checkbox"/> As Original | <input type="checkbox"/> Black & White | <input type="checkbox"/> Color for color Photographs, Chart, Map | | <input type="checkbox"/> Highlighted |
| | <input type="checkbox"/> Pen Color | | | | |
| OVERSIZE | <input type="checkbox"/> Copy Same Size | <input type="checkbox"/> Roll | <input type="checkbox"/> Fold | <input type="checkbox"/> Reduce To _____ | <input type="checkbox"/> Enlarge To _____ |

| DO WE COPY? | | | LABELING | |
|--------------------|--|---|--|--|
| Folders----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | Label original only | |
| Redwelds----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | Label original , then make ___copies | |
| Spines----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | Make one copy, the label copy | |
| Divider Tabs----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | Make one Copy, label copy, then make ___additional copies | |
| Standard Language- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | ALSO LABEL THE FOLLOWING | |
| Post It Notes----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | <input type="checkbox"/> Post Its Notes <input type="checkbox"/> Covers | |
| Duplicates----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | <input type="checkbox"/> Redwelds <input type="checkbox"/> Spine | |
| Binder Cover----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | <input type="checkbox"/> Folders <input type="checkbox"/> Tabs | |
| Slip Sheets----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | <input type="checkbox"/> Standard Language <input type="checkbox"/> Binders | |
| Receipts----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | START LABEL# | |
| Envelopes----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | <input type="checkbox"/> Standard (Font: Arial Bold, Size: 12pt) | |
| Checks----- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | <input type="checkbox"/> Other Font: _____ Size: _____ | |
| CD DVD Floppies-- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Slip Sheet _____ | Space Between Prefix and Number <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| FINISHING | |
|---|--|
| <input type="checkbox"/> Rebind Originals | Original Copy |
| <input type="checkbox"/> Restaple Originals | <input type="checkbox"/> Bind |
| <input type="checkbox"/> Reclip Originals | <input type="checkbox"/> GBC <input type="checkbox"/> Velo <input type="checkbox"/> Tape bind <input type="checkbox"/> Wire <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Staple Copies As Originals | <input type="checkbox"/> 2 Hole Drill |
| <input type="checkbox"/> Clip Copies As Originals | <input type="checkbox"/> 3 Hole Drill |
| <input type="checkbox"/> Do Not Staple or Clip Copies | <input type="checkbox"/> 3 Ring Binders <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3" <input type="checkbox"/> Other ___ <input type="checkbox"/> D-Ring |
| <input type="checkbox"/> Do Not Restaple or Reclip Original | <input type="checkbox"/> Manilla Folders |
| | <input type="checkbox"/> Redwelds |
| <input type="checkbox"/> Rubber band Copies | <input type="checkbox"/> Insert Tabs: <input type="checkbox"/> As Originals |
| <input type="checkbox"/> As Original <input type="checkbox"/> Per Folder <input type="checkbox"/> Other _____ | <input type="checkbox"/> Numbers <input type="checkbox"/> Custom Tabs <input type="checkbox"/> Side |
| | <input type="checkbox"/> Alpha <input type="checkbox"/> Exhibit <input type="checkbox"/> Bottom |

SPECIAL INSTRUCTIONS
