



Court Copying **Order Form**

INVOICING DETAILS

FIRM:		ADDRESS:	
CONTACT NAME:	SURNAME:	TELEPHONE:	
REFERENCE/MATTER NO:		DATE/TIME REQUIRED:	
SIGNATURE:	DATE:	TIME OF CALL:	

JURISDICTION (PLEASE TICK)

<input type="checkbox"/>	Supreme Court (attach signed copy of Application to Uplift Documents)		
<input type="checkbox"/>	Federal Court (attach signed copy of Request for Inspection of Documents)		
<input type="checkbox"/>	District Court (attach signed copy of Photocopy Access to Documents)		
<input type="checkbox"/>	Compensation Court	<input type="checkbox"/>	Local Court
<input type="checkbox"/>	Administrative Appeals Tribunal	<input type="checkbox"/>	Dust Diseases Tribunal
<input type="checkbox"/>	Industrial Relations Commission	<input type="checkbox"/>	Other (please specify):

INSTRUCTIONS

Parties: _____

Proceedings/Court File No: _____

Acting for: Plaintiff Defendant Applicant Respondent

Please provide copies of documents produced under subpoena by:

Date documents available: _____

Number of copies: _____

Copy packet numbers:			

Copy All documents Tagged documents only Other (see Special Instructions)

Special Instructions: _____

On time, accurate and confidential ... Guaranteed

OFFICE USE ONLY

JOB NO:	INVOICE NO:	
NAME:	SIGNATURE:	DATE/TIME OF COLLECTION:

DELIVERY LOG

Client

NAME:	SIGNATURE:	DATE/TIME OF DELIVERY:
-------	------------	------------------------

Inventory of originals

Folders:	Manilla files:
Boxes:	Bundles:
CDs	Other:

Inventory of copies

Folders:	Manilla files:
Boxes:	Bundles:
CDs	Other:

LitSupport

NAME:	SIGNATURE:	DATE/TIME OF DELIVERY:
-------	------------	------------------------

Office use only

CONTROL SHEET

Copy Count		B & W		Colour	
Start	Finish	A4	A3	A4	A3

Dividers		Plans	Folders		
5 Tab	10 Tab		65mm	40mm	25mm

STANDARD QUALITY CHECK

OPERATOR (PRINT NAME):

On time, accurate and confidential ... Guaranteed