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DEPOSITION SCHEDULING FORM

Date of request: _____

Attorney taking deposition: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email address: _____

Case No. _____

Case Title: _____

Court: _____

County: _____

Name of deponent: _____

Date of deposition: _____ Time of deposition _____

Estimated duration of deposition _____

Location of deposition: _____

Do you require:

Conference room _____

Videographer _____

By signing below I agree that I will pay all charges (deposit, if required, plus additional)

Print Name Signature Date