

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 _____	<u>ALSO LABEL THE FOLLOWING</u>	
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

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