



### **DEPOSITION REPORT**

Please give the following information *legibly and completely* and fax to (866) 333-1515 or email to reports@attorneystogo.com.

PANEL MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

ATG # \_\_\_\_\_ CASE \_\_\_\_\_ v \_\_\_\_\_

LOCATION \_\_\_\_\_

\_\_\_\_\_ The deposition took place.

\_\_\_\_\_ The deposition did not take place because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS: Please give your impression of deponent, issues, problems, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF WORKER'S COMP DEPO, PLEASE GIVE:**

Actual depo start time \_\_\_\_\_

Actual depo finish time \_\_\_\_\_

**PANEL MEMBER CHARGES:**

HOURS \_\_\_\_\_

PARKING \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_ BE SPECIFIC \_\_\_\_\_