

Transcription Order Form Supreme Court of Victoria

Submission of Form						Conta	Contact Details			
Email	vicorde	ers@epiqglobal.com					Level 4	Level 4, 190 Queen Street, Melbourne VIC 3000		
Phone	(03) 862	628 5555					Melbo			
Matter Information										
Matter name										
Matter number					Epiq Re	eference No.				
Presiding Officer							Sitting	Sitting time/date		
Location					Hearing room					
Counsel appearing										
Transcriptio	n Servic	е								
When require	ed		Running transcript Realtime		Next business day	1 1	3 business ays	4-7 bu days	siness 8+ business days	
Client Information										
Company nar	ne									
Contact name								Reference to be quoted on invoice		
Contact number					Fax nui	Fax number				
Email										
Postal address On behalf of							Destas			
		Plaintiff Defendant Ot					Postcode			
I declare that I am authorised to act on behalf of the above firm, and agree that, notwithstanding any express or implied agency agreement which that firm or myself may have with any third party, the above firm accepts responsibility for the payment of all accounts within 14 days of rendering of same by Epiq.										
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*Please note: Trans					eived minimum 30 m 4.15 pm. Early notific				g on the day of the hearing to ensure uld be appreciated.	