

WCAB     (SUPERIOR COURT \_\_\_\_\_ COUNTY)     (MUNICIPAL \_\_\_\_\_)     (JUDICIAL DIST \_\_\_\_\_)

|  |  |
|--|--|
| <p>_____</p> <p style="text-align: center;">VS.</p> <p>_____</p> | <p style="text-align: right;"><i>Appl. / Pltf(s)</i></p> <p style="text-align: right;"><i>Def(s)</i></p> |
|--|--|

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JOB TYPE (APF AFF HT): \_\_\_\_\_

TRIAL / AME DATE: \_\_\_\_\_

ADJUSTOR'S NAME: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

INSURANCE ADDRESS: \_\_\_\_\_

CASE NOS.: \_\_\_\_\_

**THE DEPOSITION OF** \_\_\_\_\_

VOL. \_\_\_\_\_

taken on behalf of \_\_\_\_\_ Scheduled start time \_\_\_\_\_

at address \_\_\_\_\_ city \_\_\_\_\_ actual \_\_\_\_\_

on **day, date** \_\_\_\_\_ before \_\_\_\_\_ CSR# \_\_\_\_\_ end time \_\_\_\_\_

pursuant to     (Stipulation)     (Subpena re Deposition)     (Notice)     (Court Order) \_\_\_\_\_

For the Applicant/Plaintiff(s):

For the Defendants:

*use second page for more>*

**SIGNATURE:**     (Penalty of Perjury)     (Waived)     (Our Office - By Code)

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Reporter# \_\_\_\_\_

|               |              |                         |                  |
|---------------|--------------|-------------------------|------------------|
| Job Amt _____ | R.Drft _____ | P.Diem _____            | Trvl _____       |
| Copy _____    | R.Drft _____ | P.Diem _____            | Wait Tm _____    |
| Copy _____    | R.Drft _____ | P.Diem _____            | Bfr.9 _____      |
| Copy _____    | R.Drft _____ | MISC _____              | Aft 5:30 _____   |
| Copy _____    | R.Drft _____ | Parking _____           |                  |
| Copy _____    | Copy _____   | <b>Percent To</b> _____ | <b>Amt</b> _____ |

Doctor \_\_\_\_\_ Xpert \_\_\_\_\_

Rec  L  M  H Pages \_\_\_\_\_

AMT DUE \_\_\_\_\_

EXPD.  daily  2d  3d  4d  5d

OTHER \_\_\_\_\_

| INV. NO. | BILL | CC | PGS | RATE | AMT | EXH | TRVL | CD | EML | PRK | HANDL | SASE | W.LST | TOTAL |
|----------|------|----|-----|------|-----|-----|------|----|-----|-----|-------|------|-------|-------|
|          |      | 0+ |     |      |     |     |      |    |     |     |       |      |       |       |
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**FILE NO.** \_\_\_\_\_

**REPORTER'S PHONE#:** \_\_\_\_\_

# BOB McCANN & ASSOCIATES

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FAX: (818) 780-0446

*worksheet addendum*

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For the Applicant/Plaintiff(s):

For the Defendants:

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## ADDITIONAL NOTES

FILE NO. \_\_\_\_\_