

# BOB McCANN & ASSOCIATES

6851 LENNOX AVENUE, SUITE 410, VAN NUYS, CALIFORNIA 91405-4043

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

VS.

\_\_\_\_\_  
Appl. / Pltf(s)

\_\_\_\_\_  
Def(s)

ORIGINAL & \_\_\_\_\_ COPIES EXHIBITS? \_\_\_\_\_  
 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 & zip \_\_\_\_\_ 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: <span style="color: red; font-size: small;">use second page for more&gt;</span>
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**SIGNATURE:**  (Penalty of Perjury)  (Waived)  (Our Office - By Code) **provide address**  
 Deliver Orig To: \_\_\_\_\_ Retained By: \_\_\_\_\_  
 Copies To: \_\_\_\_\_  
 Other Instructions: \_\_\_\_\_

**INTERNAL USE ONLY (BILLING)** Reporter# \_\_\_\_\_

Job Amt _____	R.Drft _____	P.Diem _____	Trvl _____	Ph Depo _____	Doctor _____	Xpert _____
Copy _____	R.Drft _____	P.Diem _____	Wait Tm _____	Video _____	Rec <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	Pages _____
Copy _____	R.Drft _____	Letters _____	Bfr.9 _____	Zoom _____	AMT DUE _____	
Copy _____	R.Drft _____	Interp _____	Aft 5:30 _____	EXPD. <input type="checkbox"/> daily <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/> 4d <input type="checkbox"/> 5d		
Copy _____	CX Dr. _____	Parking _____	AM/PM _____	OTHER _____		
Copy _____	Misc _____	<b>Percent To</b> _____		<b>Amt</b> _____		

INV. NO.	BILL	CC	PGS	RATE	AMT	EXH	MISC	CX Dr.	R.Drft	PRK	HANDL	SASE	W.LST	TOTAL
			0+			INTERP	VIDEO	LTRS	W.TIME	AM/PM				TOTAL

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*worksheet addendum*

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For the Applicant/Plaintiff(s):

For the Defendants:

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## ADDITIONAL NOTES

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