

# Fax

**To:** Marquis Litigation Service, L.L.C.      **From:**  

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**Fax:** 956-687-1123      **Pages:**  

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**Phone:** 956-687-1122      **Date:**  

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**Re:** DEPOSITION ORDER  

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## ORDER FOR DEPOSITION

Ordered By			
Date Ordered			
Date Needed			
Attorney			
State Bar Number			
Address			
City, State, Zip			
Telephone		Facsimile	
Representing			

### ALL OTHER ATTORNEYS OF RECORD (OR ATTACH SERVICE LIST)

Attorney		State Bar #	
Firm			
Address			
City, State, Zip			
Telephone		Facsimile	
Attorney		State Bar #	
Firm			
Address			
City, State, Zip			
Telephone		Facsimile	
Attorney		State Bar #	
Firm			
Address			
City, State, Zip			
Telephone		Facsimile	
Attorney		State Bar #	
Firm			
Address			
City, State, Zip			
Telephone		Facsimile	

**CASE INFORMATION**

<b>Pre-Litigation</b> <input type="checkbox"/>	<b>Litigation</b> <input type="checkbox"/>	<b>Cause # / Civil Action #</b>	
<b>County</b>		<b>Court</b>	
<b>District</b>		<b>Division</b>	

<b>Plaintiff(s)</b>	
<b>VS.</b>	
<b>Defendant(s)</b>	

**DEPOSITION SCHEDULE**

<b>Date</b>		<b>Time</b>		<b>AM</b>	<b>PM</b>
<b>Video Deposition</b>		<b>Estimated Length</b>			
<b>Interpreter</b>		<b>Language</b>			

**DEPOSITION LOCATION**

<b>Address</b>	
<b>City, State, Zip</b>	

**WITNESSES (ATTACH ADDITIONAL LIST IF NECESSARY)**

<b>Witness</b>	
<b>Subpoena Service</b>	
<b>Address</b>	
<b>City, State, Zip</b>	

<b>Witness</b>	
<b>Subpoena Service</b>	
<b>Address</b>	
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<b>Subpoena Service</b>	
<b>Address</b>	
<b>City, State, Zip</b>	

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