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JOB #
(Internal use)

COPY ORDER FORM

FIRM NAME: _____

ADDRESS: _____

CONTACT NAME: _____ **PHONE #:** _____

EMAIL ADDRESS: _____

CLIENT MATTER#: _____

CASE NAME: _____

TODAY'S DATE: _____

DATE DUE: _____ **TIME DUE:** _____

 # OF BOXES: ORIGINALS: _____

SETS OF COPIES:

COPY INSTRUCTIONS

- ☐ As original/Size for size
- ☐ Copy 1 & 2 Sided as original
- ☐ All 1 sided
- ☐ All 2 sided
- ☐ Recreate folders/tabs as original
- ☐ Slipsheets for index tabs
- ☐ Slipsheets for slipsheets
- ☐ Copy index tabs on _____
- ☐ Tagged / Clipped docs only
- ☐ DO NOT Copy tagged/clipped docs
- ☐ Copy post-it notes
- ☐ Remove & replace post-it notes

FINISHING/BINDING

ORIGINALS
- ☐ Re-staple/Re-clip originals
- ☐ Rebind originals
- ☐ DO NOT re-staple/re-clip
- ☐ DO NOT rebind originals

COPIES
- ☐ Staple/Clip as originals
- ☐ Bind as originals
- ☐ DO NOT staple/clip copies
- ☐ DO NOT bind copies

BINDING
- ☐ GBC *(comb)* ☐ Velo ☐ Acco ☐ Tape
- ☐ Place in 3-ring binders
- ☐ Spiral binding
- ☐ Rubberband

COLOR

- ☐ Copy color for color
- ☐ Copy highlights
- ☐ All black & white

OVERSIZE

- ☐ Size for size
- ☐ Roll / Fold
- ☐ Reduce / Enlarge _____

BATES LABELING

- ☐ Label originals ☐ Label 1st copy
- ☐ Starting # _____
- ☐ Other _____

MEDIA

- ☐ VHS ☐ VHS to DVD
- ☐ Audio cassettes
- ☐ Duplicate CDs/DVDs

ADDITIONAL INSTRUCTIONS