

DEPOSITION RESERVATION FORM

ATTORNEY INFORMATION:

Attorney Name: _____ Date: ____/____/____

Firm: _____

Street: _____

City, State, Zip: _____

Telephone: (_____) Facsimile: (_____)

Email: _____

Case Name: _____

Please reserve deposition time as early as possible to avoid conflicts arising from late confirmations.

DEPOSITION RESERVATION:

A reservation fee of \$600 must be received before a deposition date can be confirmed. Confirmed reservations are contingent upon court demands and are therefore liable to rescheduling by either the retaining attorney or Robert W. Johnson & Associates. The reservation fee will be applied to any and all deposition charges.

DEPOSITION PAYMENTS:

Estimated charges for deposition preparations, travel time, and other expenses over and above the deposition reservation fee, are due and payable no later than 72 hours prior to deposition time.

RESCHEDULING:

Deposition rescheduling may be done over the phone or in writing. There is no loss of reservation fee or prepayment if rescheduling is done within one year from the initial contact date.

OPPOSING COUNSEL:

Payment by opposing counsel is due and payable before or at the start of the deposition. Securing this payment is the responsibility of the retaining attorney.

CANCELLATION CHARGE:

A minimum cancellation fee of \$550 will be assessed if, for any reason, the deposition is cancelled within 3 business days of the scheduled date.

Designated Expert: _____

Desired Deposition Date: ____/____/____

Desired Trial Date: ____/____/____ Time: _____

Amount Enclosed \$ _____ (\$600 for Deposition Reservation)

The undersigned hereby engages Robert W. Johnson & Associates with respect to the above named case and on the terms and conditions stated above. This contract is made in Los Altos, California on the day and year written below. Should litigation be needed to collect any charges pertaining to this case, Robert W. Johnson & Associates shall be entitled to attorney's fees and all costs of collection in addition to principal and finance charges.

Retaining Attorney's Signature: _____ Date: ____/____/____

All fees and rates are subject to change without notice.

Robert W. Johnson & Associates

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