

eROF Transcription

<i>Date Submitted:</i>		<i>Attorney Name:</i>		<i>Attorney Phone Number:</i>	
<i>Return E-mail Address(es):</i>					
<i>Client Name: (Last Name, First Name)</i>			<i>Case Number:</i>		
<i>Case Type:</i>		<i>Primary Charge:</i>			
<i>Agency:</i>		<i>Preferred Due Date:</i>		<i>Type of Media:</i>	
<i>Witness: (Please limit one witness per request)</i>			<i>Other Participants:</i>		
<i>Date of Interview:</i>	<i>Length of Interview:</i>		<i>Starting Point:</i>		<i>Stopping Point:</i>
<i>If multiple media, enter priority:</i>					
<i>Have you listened to the media?</i>		<i>Have you confirmed audibility?</i>		<i>Uncommon names or spellings:</i>	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No		
<i>Rationale & Special Instructions:</i>					

OCC Administration

OCC Comments:

Unless otherwise specified, media which has been approved for transcription is to be delivered to Office of Contract Counsel, 620 W. Jackson, Suite 3076, along with a copy of the approved ROF.

<i>Disposition:</i>		<i>Authorized Signature & Date:</i>	