

Redaction Request Form

(Redactions are completed in the order that they are received. Please allow at least 2 weeks for redactions to be completed-this timeframe can vary depending on the amount and size of files already in the queue)

To be completed by requestor:

Date Submitted: _____

Attorney Name: _____

Attorneys contact number: _____

Case Number: _____

Client Name and Xref _____

Co-Counsel (if applicable):

Do you want a copy for your client? Yes ____ No ____ (Note copies will only be provided upon request otherwise redactions will be returned on a flash drive. Copies will be printed 2x2 – 2 pages on one side of the paper and 2 pages on the other side of the paper)

Materials submitted:

Number of Disks &/or Flash Drives: _____

Paper discovery (number of pages): _____

Pick up confirmation:

Attorney signature and date redaction picked up

For CCD use only

Name of person redaction assigned to: _____

Date assigned: _____

Date completed: _____

If assigned to outside vendor – enter the preauth # assigned: _____