

# Deposition Attorney Fee

Applicant  
Attorney: \_\_\_\_\_

Defense  
Attorney: \_\_\_\_\_

Tax ID No.: \_\_\_\_\_  
State Bar No.: \_\_\_\_\_  
Applicant: \_\_\_\_\_

Employer: \_\_\_\_\_  
Adjuster: \_\_\_\_\_  
Insurance  
Company: \_\_\_\_\_

Interpreter used

Telephone: \_\_\_\_\_  
Claim No.: \_\_\_\_\_  
Case No.: \_\_\_\_\_

Date of Deposition: \_\_\_\_\_

Scheduled Start Time: \_\_\_\_\_ Actual Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

## Applicant

Round Trip Miles _____	@ rate _____	Mileage Amount _____
Travel Expenses _____		_____
Meals & Lodging Expenses (attach receipts) _____		_____
Daily Wage _____	Lost Days _____	Lost Wages _____
		Total _____

## Attorney

Preparation Time: _____		
Travel Time: _____		
Predeposition Time: _____		
Deposition Time: _____		
Transcript Review Time: _____		
Total Time: _____	Hourly Rate: _____	Total _____

Condensed transcript and index requested

\_\_\_\_\_  
Applicant Attorney Signature

Requested Fee Agreed to by Defense Attorney

Applicant Attorney Fee Recommended by Defense Attorney \_\_\_\_\_

\_\_\_\_\_  
Signature