

First Digital Solutions

IMAGING WORK ORDER FORM

www.firstlegalnetwork.com (866) 993-5061

Firm Name:	E-mail address:
Order By:	Phone:
Direct:	Fax:
Address:	Today's Date/Time:
	Due Date/time:
	Time of Pick-Up:
	# of Boxes:
	# of Original:
Client Matter#	Job Description:
Case Name:	Grade/rate

SCANNING INSTRUCTIONS

SCANNING	<input checked="" type="checkbox"/> Scan all	<input checked="" type="checkbox"/> Scan select	<input checked="" type="checkbox"/> Scan only documents with:	
FILE FORMAT	<input checked="" type="checkbox"/> TIFF	<input checked="" type="checkbox"/> PDF	<input checked="" type="checkbox"/> JPG	Other:
TIFF DPI	<input checked="" type="checkbox"/> 200	<input checked="" type="checkbox"/> 300	<input checked="" type="checkbox"/> 400	<input checked="" type="checkbox"/> Other
SINGLE OR MULTI-PAGE	<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Multi-page		
POST-ITS	<input checked="" type="checkbox"/> Scan pages as is	<input checked="" type="checkbox"/> Remove & Replace (no scan)	<input checked="" type="checkbox"/> Remove, place on separate page scanner	<input checked="" type="checkbox"/> Remove, place on separate page scanner
COLOR	<input checked="" type="checkbox"/> Black & White	<input checked="" type="checkbox"/> Color for color Photographs ,Chart ,Map	<input checked="" type="checkbox"/> Capture Highlight	<input checked="" type="checkbox"/> Capture Pen Color
OVERSIZE	<input checked="" type="checkbox"/> Scan size for size	<input checked="" type="checkbox"/> Scan legend only	<input checked="" type="checkbox"/> Reduce to 11X17	

PHYSICAL UNITIZATION/DOC BREAKS
<input checked="" type="checkbox"/> Smallest Physical <input checked="" type="checkbox"/> Largest Physical <input checked="" type="checkbox"/> Slip sheet <input checked="" type="checkbox"/> Rubber band <input checked="" type="checkbox"/> Clip <input checked="" type="checkbox"/> Staple <input checked="" type="checkbox"/> Binder <input checked="" type="checkbox"/> Folder <input checked="" type="checkbox"/> Red weld <input checked="" type="checkbox"/> Box <input checked="" type="checkbox"/> Bind <input checked="" type="checkbox"/> Other:
FIELDS TO CAPTURE @ SCAN
<input checked="" type="checkbox"/> Bates Number <input checked="" type="checkbox"/> Tab <input checked="" type="checkbox"/> Folder <input checked="" type="checkbox"/> Box Number <input checked="" type="checkbox"/> Custodian <input checked="" type="checkbox"/> Source <input checked="" type="checkbox"/> Attachment <input checked="" type="checkbox"/> Other:

DO WE SCAN?	
Cover	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spines	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
File Tabs	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Red welds	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dividers Tabs	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Standard Language	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Color/Slip sheets	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Color Sheets w/information	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Envelopes	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Carbonless Paper	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Checks	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Receipts	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Floppies/CDs/DVDs cover	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Colored Flags	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Blank Pages	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

BATES NUMBERING INSTRUCTIONS	
Bates label scanned document?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Endorse/brand Bates number each page?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Should we capture the existing bates?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are we redacting existing bates number?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes <input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> Electronic	
<input checked="" type="checkbox"/> Standard (Font: Arial Bold, Size: 12pt)	
<input checked="" type="checkbox"/> Other Font: _____ Size: _____	
<p>Sample Bates</p> <div style="border: 1px solid black; width: 100%; height: 100%; margin: 10px 0;"> <div style="border-top: 1px solid black; width: 90%; margin: 5px auto;"></div> <div style="border-top: 1px solid black; width: 90%; margin: 5px auto;"></div> <div style="border-top: 1px solid black; width: 90%; margin: 5px auto;"></div> </div>	

EXPORT INSTRUCTIONS

IMAGE TYPE	LOAD FILE	VIEWER	OCR	CONVERSION	MEDIA
<input checked="" type="checkbox"/> Tiff <input checked="" type="checkbox"/> PDF <input checked="" type="checkbox"/> Searchable PDF <input checked="" type="checkbox"/> JPG <input checked="" type="checkbox"/> Hyperlinks <input checked="" type="checkbox"/> Bookmarks <input checked="" type="checkbox"/> Other:_____	<input checked="" type="checkbox"/> Concordance - DAT <input checked="" type="checkbox"/> Concordance - DB <input checked="" type="checkbox"/> IPRO. LFP <input checked="" type="checkbox"/> Summation DII <input checked="" type="checkbox"/> Ringtail <input checked="" type="checkbox"/> Other:_____	<input checked="" type="checkbox"/> Opticon <input checked="" type="checkbox"/> IPRO <input checked="" type="checkbox"/> DocuLex <input checked="" type="checkbox"/> Storm <input checked="" type="checkbox"/> Storm with text	<input checked="" type="checkbox"/> All <input checked="" type="checkbox"/> Select page or Documents <input checked="" type="checkbox"/> Include text in Load file <input checked="" type="checkbox"/> Single Page Text <input checked="" type="checkbox"/> Multi-Page Text	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> TIFF <input checked="" type="checkbox"/> PDF <input checked="" type="checkbox"/> Black & White <input checked="" type="checkbox"/> Color	CD/DVD_____ USB_____

SPECIAL INSTRUCTIONS
