Attachment B – Scheduling Terms and Conditions

Court Reporter								
Name		E-Mail						
Vendor Number			Home Base Address		Phone Number			
Schedule								
Case Name						use Address		
State								
State v Clerk			Clerk E-Mail				Phone	
Judge		Cicik		OICIR E IVIAII		@utcourts.gov		THORE
Hearing Dates AM S		Start PM Start		Hearing Dates		AM Start		PM Start
Healing Dates	aring Dates AM Start		FIVI Start	Treating Dates		Aivi Start		FIVI Start
			Fee and					
Start Date (Include	ding Trav	el Days)	End Date (Including Travel Days)				ays)	
\$100/half day (Appearance Fee) x (number of ½ days) = Total Fee: \$								
Estimated Expenses								
Describe							Amount	
Taxi							\$	
Rental Vehicle			A. 7. 4				\$	
Private Vehicle						miles =	\$	
Breakfast				/day x	-	\$		
Lunch								
Dinner				\$17.00	ruay x	days =	\$	
							\$ \$	
							\$	
							\$	
L							Ψ	
Date	ar	Date Trial Co			Ourt F	xecutive		
Date Court Reporter Date Trial Court							Juit L	

Distribution: Court Reporter, Trial Court Executive, District Court Administrator, AOC Finance