



ACE

IMAGING TECHNOLOGIES, INC.

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Imaging Job #:

Client Name: _____
 Address:
 Ordered By: _____
 Phone: _____
 Email: _____

Billing Reference: _____
 Today's Date: _____ Time: _____
 Due Date: _____ Time: _____
 Project Desc:

Scanning Instructions

Bates Numbering	Boundary / Unitizing	Do we Scan?																																						
<input type="checkbox"/> Match Existing Bates <input type="radio"/> Non Sequential #'s (jumping) <input type="checkbox"/> Assign Bates (Image Key) <input type="radio"/> Image ID (Non-Permanent) <input type="radio"/> Brand / Endorse (Permanent) Prefix: _____ <input type="radio"/> No Space (Recommended) Start#: _____ Suffix: _____ <input type="radio"/> Space Special Stamping: _____	<input type="checkbox"/> Physical Boundaries <input type="checkbox"/> Folder Level <input type="checkbox"/> No Unitizing <input type="checkbox"/> Other OCR Instructions <input type="checkbox"/> Per Page (Summation) <input type="checkbox"/> Per Doc (Concordance) Auto Rotate? <input type="radio"/> Yes <input type="radio"/> No	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Only if #'d</td> </tr> <tr> <td>Covers</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Spines</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>File Folders</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Redwelds</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Exhibit Tabs</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Slip Sheets</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Standard Language</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Other <input type="text"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>		Yes	No	Only if #'d	Covers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	File Folders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Redwelds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Exhibit Tabs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Slip Sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Standard Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loose Pages <input type="radio"/> Each page as single doc <input type="radio"/> Group as one doc	
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Other <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																					

Additional Instructions

Color	Oversize (>11" x 17")	Post-It-Notes	Coding Required?
<input type="radio"/> Color for Color <input type="radio"/> B & W for Color <input type="radio"/> See Special Instructions	<input type="radio"/> Legend / Bates Only <input type="radio"/> Reduce to _____ <input type="radio"/> Size for Size	<input type="radio"/> Remove & Replace <input type="radio"/> One with / One without <input type="radio"/> As a Separate Doc	<input type="radio"/> Yes (Attach SOW) <input type="radio"/> No

Indexing / Data Capture

Source Info: _____ Box Desc: _____ Folder Desc: _____
 Other: _____ Other: _____

Final Media

Load Files & .DAT	Imbedded Viewers	CD <input type="radio"/> DVD Label <input type="radio"/>	
<input type="checkbox"/> Concordance / Opticon (.DAT & .OPT) <input type="checkbox"/> Summation (.dii) <input type="radio"/> @I <input type="radio"/> @V <input type="checkbox"/> IPRO (.LFP) Other: _____	<input type="checkbox"/> IPRO (I-PUBLISH) <input type="checkbox"/> Adobe Reader Other: <input type="text"/>	<input type="checkbox"/> Company Name <input type="checkbox"/> Bates Range Other: <input type="text"/>	<input type="checkbox"/> Client Matter <input type="checkbox"/> Date # of Copies: <input type="text"/>
		<input type="checkbox"/> Case Number <input type="checkbox"/> Contents Vol. Name: <input type="text"/>	

Special Instructions:

Additional Services

Blowbacks (Printing)

No Blowbacks Blowback All

Selective Blowbacks: _____

Include Page Name (Image Key)

Include Other: _____

No. of Sets: _____ Simplex Duplex

Size for Size Fit to Page

No Slipsheets

Slipsheet (doc) Staple / Clip

Color 3 Hole As Original

Special Notes:

Media Duplications

Original Source

No. of Originals:

CD DVD Hard Drive

Other:

Copies

No. of Copies:

CD DVD Hard Drive

Other:

PDF's / Multi-TIFF

Multi-Page PDF

Image w/ hidden text (searchable)

Bookmark:

Multi Per: Doc Folder Box

Multi-Page TIFF

SPECIAL INSTRUCTIONS

SPECIAL DELIVERY INSTRUCTIONS