

Court Reporter Services

(The Offices of the Insurance Commissioner will only pay for court reporter fees in claims in which a transcript of the deposition has been filed with the Offices of the Judges by a party to the claim.)

Please complete and return to:

The Office of Judges
Attention: Dee Wilson
PO Box 3585
Charleston, WV 25328

Claimant Information

1.) **OOJ Case ID#:**

2.) **Claimant Name** (Last, First, Middle)

3.) **Employer Business Name:**

Payee Information

4.) **Payee Name and Address:**

5.) **FEIN:**

6.) **Date of Service:**

7.) **Description of Procedure:**

Appearance fees:

subtotal:

Original Pages: @ _____ / page

subtotal:

Copies: @ _____ / page

subtotal:

Black/White Exhibits @ _____ / page

subtotal:

Color Exhibit @ _____ / page

subtotal:

Diskettes: @ _____ / disk

subtotal:

8.) **Total Charge:**

9.) As provided by statutes, this is to certify that the services were rendered as outlined above and that no other or additional charge for such service has been or will be made against any person, firm, or corporation.

10.) **(To be completed by Office of Judges)**
I hereby certify that the services listed hereon have been received and approved for payment.

Provider signature

Date

Authorized signature

Date