

# TRANSCRIBER INSTRUCTIONS

**NOTE: To assure the HIGHEST transcript accuracy, transcribers must thoroughly review and rely on the NOTICE, PBS and MAIN NOTES.**

**1. NOTICE (NOTICE OF HEARING; NOTICE OF TAKING DEPOSITION; NOTICE OF TAKING DIGITAL VIDEO DEPOSITION; etc.) - See attached NOTICE<sup>1</sup> & TITLE/COVER PAGE<sup>2</sup>**

**VERY IMPORTANT!** The transcript's Title/Cover page must mirror the NOTICE.

Make sure that everything on your Title/Cover page is **ACCURATE.**

For **all** transcripts, be sure to **confirm** the following:

- (A) Case Number
- (B) Case Style; PLAINTIFF and DEFENDANT information is extremely important. Enter this data **EXACTLY** as it appears on the NOTICE
- (C) Whether it is a DEPOSITION, INDEPENDENT MEDICAL EXAMINATION, EUO, HEARING, ETC.
- (D) The Title/Cover page must state "TAKEN ON BEHALF OF THE PLAINTIFF or THE DEFENDANT"
- (E) Location of the legal proceeding, Date, Witness, County
- (F) "REPORTED BY:" in the lower left corner. The Notice will typically reflect the court reporting agency hired to cover the proceeding.

## 2. Production & Billing Sheet (also known as the PBS) - See the attached PBS<sup>3</sup>

The **PBS** is normally 2 to 3 pages. Make sure to **read every single section of each page of the PBS.**

The **PBS** contains important information needed to complete the transcript.

Look for the following information in the **PBS**:

- (A) The name of the reporter will be listed in the "COURT REPORTER" area
- (B) If it was a Video Deposition, Deposition, Hearing, Trial or Other
- (C) The correct spelling of the name of the witness in the "NAME" section
- (D) Whether or not the witness chose to Read or Waive;
- (E) The number of exhibits will be in the "EXHIBIT #s" area and exhibit descriptions will be in the "EXHIBIT INSTRUCTIONS" area or said in the transcript
- (F) Who to contact and where to send the read letter to will be located in the "ADDITIONAL NOTES" area
- (G) Spellings will be provided in the "Additional Notes" area
- (H) If an interpreter was present, their information will be in the "Additional Notes" area
- (I) What attorneys were present on the APPEARANCE PAGE of the transcript from the "Client Order Form" section of the PBS or as listed on the Notice

### **3. MAIN NOTES - See attached MAIN NOTES<sup>4</sup>**

The **MAIN NOTES** are to help the transcribers and the reporters distinguish the accurate start and stop time for the Title/Cover Page and also for the end time on the last page of the testimony. The notes from the **MAIN NOTES** file will ALWAYS reflect the accurate start and stop time. **DO NOT GO BY THE PBS times**, as some stop and start times differ from when they were scheduled.

The **SPEAKERS** are reflected in the **MAIN NOTES**. **IT IS VERY IMPORTANT** to have the correct speakers making objections, having colloquy and examining the witness in the transcript. If you think there is an objection or you are not sure who is making the objection, the **MAIN NOTES** will reflect who the appropriate attorney is and whether or not there is an objection made. The same applies for speaking attorneys. If you are unsure who is speaking, CHECK THE **MAIN NOTES**.

### **4. APPEARANCE OF COUNSEL – See attached APPEARANCE OF COUNSEL<sup>5</sup>**

The **APPEARANCE OF COUNSEL** page information will be found on the PBS and NOTICE. On the **PBS**, the appearing attorneys and their contact information will be listed. If there is an interpreter present or someone sitting in, that information will be listed on the PBS in the “ADDITIONAL COMMENTS” section and should be listed as “ALSO PRESENT” after the attorneys have been documented on the **APPEARANCE OF COUNSEL** page. If there is an interpreter, document them just like you would an attorney. For example:

ALSO PRESENT:

**JUAN GONZALES, INTERPRETER  
VEGA INTERPRETERS  
199 EAST FLAGLER STREET,  
SUITE 141,  
MIAMI, FLORIDA 33131  
(305)537-6704**

**JOHN SMITH, PLAINTIFF**

**Please NOTE: THE PARTY THE ATTORNEY REPRESENTS WILL BE FOUND ON THE NOTICE.**

If the party they represent (PLAINTIFF of DEFENDANT) is not listed on the **NOTICE**, look to the **PBS** for this information.

**5. INDEX OF EXAMINATION – See attached INDEX OF EXAMINATION<sup>6</sup>**

The **INDEX OF EXAMINATION** page should always be present. It should state the correct page number that the DIRECT EXAMINATION started on and the appropriate attorney doing the examination. If there was a CROSS EXAMINATION, REDIRECT EXAMINATION, RECROSS EXAMINATION or more, YOU MUST include this as well with the correct attorney that is conducting the examination. The MAIN NOTES will distinguish who is examining the witness.

**6. EXHIBITS – See attached INDEX OF EXHIBITS<sup>7</sup>**

If there are exhibits listed on the PBS under the “**EXHIBIT #s**” section, there should be an **INDEX OF EXHIBITS** page after the INDEX OF EXAMINATION PAGE. The appropriate number of exhibits are listed on the PBS under the “Exhibit #s” section. The index page also requires the correct page numbers where the exhibits were entered into the record and a brief description of the exhibit. A brief description of the exhibit should also be on the **INDEX OF EXHIBITS**.

For example:

PLAINTIFF'S EXHIBIT	DESCRIPTION	PAGE
1	Photograph of the sidewalk where incident occurred	12

**7. SWEARING IN**

In a deposition transcript, to show the witness was sworn in, use the following language:

**Thereupon:**

**JOHN SMITH**

**was called as a witness, and after having**

**been first duly sworn, was examined and testified as**

**follows:**

**If there is an interpreter present** (which will be listed on the PBS in the ADDITIONAL NOTES section), **ALWAYS** include the interpreter being sworn in before the witness is listed as being sworn in. Use the following language:

**Thereupon:**

**JUAN GONZALES, interpreter,**

**having been first duly sworn, testified as follows:**

**JOHN SMITH**

**was called as a witness, and after having**

**been first duly sworn, was examined and testified as**

**follows:**

**8. READ/WAIVE - See attached READ LETTER<sup>8</sup> and ERRATA SHEET<sup>9</sup>**

A court reporter is required to ask “read or waive” on the record at the conclusion of a deposition. You need to reflect the decision of the witness.

If the witness chooses to read, the conclusion of the deposition should state:

Example: (Deposition concluded at 10:07 a.m.)  
(Reading and signing of the  
deposition by the witness has been  
reserved.)

If the witness chooses to waive, the conclusion of the deposition should state:

Example: (Deposition concluded at 10:07 a.m.)  
(Reading and signing of the  
deposition by the witness has been  
waived.)

If a witness chooses to read or waive, this will also be reflected on the PBS next to the name of the witness. If the witness reads, they will specify who to send the read letter to. This will either be said on the record after the question is asked or reflected in the "ADDITIONAL NOTES" section on the PBS  
**A READ LETTER AND ERRATA SHEET SHOULD BE INCLUDED AT ALL TIMES IF THEY READ.**

**ALL READ LETTERS SHOULD INCLUDE:**

- (A) Correct date
- (B) The correct name of the witness
- (C) Correct contact information for the read letter to be sent to
- (D) Correct case style
- (E) Correct name of the reporter

**9. CERTIFICATE PAGES – See attached CERTIFICATE OF REPORTER<sup>10</sup> & OATH<sup>11</sup>**

A **CERTIFICATE OF REPORTER** page will have whether or not a review of the transcript was reflected.

- If the witness chose to read, the language should read: "... that a review of a transcript was requested..."
- If the witness chose to waive, the language should read: "... that a review of the transcript was not requested..."

The **CERTIFICATE OF OATH** page will also include the reporter's notary information. He/She will be responsible for filling this in and should be typed as:

Example:           JANE DOE, Court Reporter  
  
                          Notary Public, State of Florida  
  
                          Commission Number:  
  
                          Commission Expiration:

A **CERTIFICATE OF REPORTER is always required**, while the **CERTIFICATE OF OATH PAGE is only required for Depositions, EUOs and Sworn Statements.**

**All certificate pages need to reflect:**

- (A) Correct date
- (B) The correct name of the witness
- (C) Correct name of the reporter
- (D) Correct county the proceeding was held in

# TRANSCRIBER'S CHECKLIST

## THE TITLE / COVER PAGE INFORMATION (Single Space This Page)

1. \_\_\_\_\_ REVIEWED THE **NOTICE**
2. \_\_\_\_\_ REVIEWED THE **PBS**
3. \_\_\_\_\_ REVIEWED THE REPORTER'S **MAIN NOTES**
4. \_\_\_\_\_ COUNTY COURT / JUDICIAL CIRCUIT (**EXACTLY** as it appeared on the **NOTICE**)
5. \_\_\_\_\_ CASE NUMBER (**EXACTLY** as it appeared on the **NOTICE**)
6. \_\_\_\_\_ CASE STYLE (check for proper punctuation. Include "v." or "vs.") (**Single Spaced**)
7. \_\_\_\_\_ VIDEO DEPOSITION / DEPOSITION / HEARING, ETC.
8. \_\_\_\_\_ START/STOP RECORDING TIME TIMES CORRELATE WITH JOB NUMBER MAIN NOTES
9. \_\_\_\_\_ SPELL CHECK

## HEARING: (**ONLY** do this if the proceeding was a Hearing)

1. \_\_\_\_\_ NAME OF **JUDGE** (**EXACTLY** as it appeared on the **NOTICE**)
2. \_\_\_\_\_ DATE OF HEARING
3. \_\_\_\_\_ TIME OF HEARING
1. \_\_\_\_\_ COURTHOUSE ADDRESS (**EXACTLY** as it appeared on the **NOTICE**)
2. \_\_\_\_\_ SPELL CHECK

## DEPOSITION: (**ONLY** do this if the proceeding was a Deposition)

1. \_\_\_\_\_ TYPE OF DEPOSITION (**VIDEO** or REGULAR)
2. \_\_\_\_\_ NAME OF DEONENT (**EXACTLY** as it appeared on the **NOTICE**)
3. \_\_\_\_\_ DEPOSITION TAKEN ON BEHALF OF PLAINTIFF or DEFENDANT
4. \_\_\_\_\_ DATE OF DEPOSITION
5. \_\_\_\_\_ BEGINNING AND ENDING TIME OF THE DEPOSITION
6. \_\_\_\_\_ ADDRESS OF THE DEPOSITION (**EXACTLY** as it appeared on the **NOTICE**)
7. \_\_\_\_\_ SPELL CHECK

## REPORTED BY: Lower Left of Page (**Correct Information**) (**Single Spaced**)

1. \_\_\_\_\_ REPORTER'S NAME
2. \_\_\_\_\_ SPELL CHECK
3. \_\_\_\_\_ NOTARY PUBLIC, STATE OF FLORIDA

# TRANSCRIBER'S CHECKLIST

## APPEARANCES OF COUNSEL **VERY IMPORTANT! SINGLE SPACE!!**

1. \_\_\_\_\_ APPEARANCES OF COUNSEL
2. \_\_\_\_\_ REVIEWED the **NOTICE, MAIN NOTES AND PBS**
3. \_\_\_\_\_ SPELL CHECK **ALL** NAMES and LAW FIRMS on this PAGE

### ○ ON BEHALF OF THE **PLAINTIFF:**

1. \_\_\_\_\_ LAW FIRM
2. \_\_\_\_\_ ATTORNEY(S) PRESENT
3. \_\_\_\_\_ **ESQUIRE** (AFTER ATTORNEY'S NAME)
4. \_\_\_\_\_ ADDRESS OF LAW FIRM
5. \_\_\_\_\_ PHONE NUMBER OF LAW FIRM
6. \_\_\_\_\_ EMAIL ADDRESS of ATTORNEY

### ○ ON BEHALF OF THE **DEFENDANT:**

1. \_\_\_\_\_ LAW FIRM
2. \_\_\_\_\_ ATTORNEY(S) PRESENT
3. \_\_\_\_\_ **ESQUIRE** (AFTER ATTORNEY'S NAME)
4. \_\_\_\_\_ ADDRESS OF LAW FIRM
5. \_\_\_\_\_ PHONE NUMBER OF LAW FIRM
6. \_\_\_\_\_ EMAIL ADDRESS of ATTORNEY

### ○ INTERPRETER INFORMATION as "**ALSO PRESENT**"

1. \_\_\_\_\_ FIRM (INTERPRETER'S COMPANY)
2. \_\_\_\_\_ PRESENT
3. \_\_\_\_\_ INTERPRETER, AFTER NAME
4. \_\_\_\_\_ ADDRESS OF FIRM
5. \_\_\_\_\_ PHONE NUMBER OF FIRM
6. \_\_\_\_\_ EMAIL ADDRESS of INTERPRETER



# TRANSCRIBER'S CHECKLIST

## INDEX OF EXAMINATION

1. \_\_\_\_\_ WITNESS: (Complete Name of Witness) (**EXACTLY** as it appeared on the **NOTICE**)
2. \_\_\_\_\_ DIRECT EXAMINATION
3. \_\_\_\_\_ CROSS EXAMINATION
4. \_\_\_\_\_ REDIRECT EXAMINATION
5. \_\_\_\_\_ INDEX OF EXAMINATION SPEAKERS CORRECT
6. \_\_\_\_\_ SPELL CHECK

## INDEX TO EXHIBITS

1. \_\_\_\_\_ PAGE #'s rechecked and confirmed
2. \_\_\_\_\_ DESCRIPTION of Exhibit(s)
3. \_\_\_\_\_ NUMBER OF EXHIBITS IN INDEX MATCHES NUMBERS IN PBS
4. \_\_\_\_\_ CORRECT PAGE NUMBERS OF WHEN EXHIBITS ARE MARKED ON RECORD  
(**NOTE:** If EXHIBIT is not put in the record, use **N/A** for the page number.)
5. \_\_\_\_\_ CORRECT DESCRIPTION
6. \_\_\_\_\_ NUMBER OF EXHIBITS
7. \_\_\_\_\_ SPELL CHECK

## SWEARING IN

1. \_\_\_\_\_ SWEARING IN OF INTERPRETER is properly noted (**BEFORE** WITNESS is sworn in)
2. \_\_\_\_\_ SWEARING IN OF WITNESS is properly noted
3. \_\_\_\_\_ SPELL CHECK

## SPEAKERS / OBJECTIONS

1. \_\_\_\_\_ ALL SPEAKERS MAKING OBJECTIONS ARE CORRECT
2. \_\_\_\_\_ Researched PHONETICS
3. \_\_\_\_\_ Re-Listened to INAUDIBLES
4. \_\_\_\_\_ SPELL CHECK

# TRANSCRIBER'S CHECKLIST

## MARGINS CORRECT AFTER TRANSCRIPT COMPLETED

1. \_\_\_\_\_ SPACING for **left** MARGIN(s) are correct

## READ/WAIVE

1. \_\_\_\_\_ READ or WAIVE was properly noted in transcript
2. \_\_\_\_\_ SPELL CHECK

## READ LETTER

1. \_\_\_\_\_ DATE ON **READ LETTER**
2. \_\_\_\_\_ WITNESS' NAME (**EXACTLY** as it appeared on the **NOTICE**)
3. \_\_\_\_\_ CONTACT INFORMATION ON **READ LETTER**
4. \_\_\_\_\_ WITNESS CHOSE TO READ
5. \_\_\_\_\_ COURT REPORTER's **name** on **READ LETTER**
6. \_\_\_\_\_ CASE SYLE ON **READ LETTER**
7. \_\_\_\_\_ **ERRATA SHEET** INCLUDED
8. \_\_\_\_\_ SPELL CHECK

## CERTIFICATE OF OATH and CERTIFICATE REPORTER

1. \_\_\_\_\_ DATE
2. \_\_\_\_\_ NAME OF COURT REPORTER
3. \_\_\_\_\_ NAME OF WITNESS
4. \_\_\_\_\_ COUNTY WHERE PROCEEDING TOOK PLACE, **NOT** THE VENUE – **VERY IMPORTANT!**
5. \_\_\_\_\_ HEARING, PAGE NUMBERS
6. \_\_\_\_\_ CERTIFICATE OF REPORTER, "WITNESS REQUESTED/DID NOT REQUEST TRANSCRIPT"
7. \_\_\_\_\_ NOTARY INFORMATION is correct
8. \_\_\_\_\_ SPELL CHECK

## **Attachment Index**

- 1) Notice**
- 2) Transcript Title/Cover Page**
- 3) Production & Billing Sheet (PBS) – 2 Pages**
- 4) Main Notes**
- 5) Appearance of Counsel**
- 6) Index of Examination**
- 7) Index of Exhibits**
- 8) Read Letter**
- 9) Errata Sheet**
- 10) Certificate of Reporter**
- 11) Certificate of Oath**

## Notice

IN THE CIRCUIT COURT OF THE 15<sup>TH</sup> JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA

(A) **CASE NO.: 502013CA003044XXXXMB**

(B) **CLAIR MCCARTHY,**  
individually,

Plaintiff,

v.

**DELRAY FOOD SERVICES, INC.,**  
a Florida corporation,

Defendant.

\_\_\_\_\_/

(C) **NOTICE OF TAKING VIDEOTAPED DEPOSITION**

(D) **PLEASE TAKE NOTICE** that the Defendant, DELRAY FOOD SERVICES, INC., will take the deposition, by oral examination, of the person or persons named below, at the time, date, and at the hour and place indicated:

**DEPONENT:** CLAIR MCCARTHY

(E) **DATE AND TIME:** December 23, 2013 at 11:00 a.m.

**LOCATION:** 301 Clematis Street  
Suite 3000  
West Palm Beach, Florida 33401

Before a member (F) **Universal Court Reporting**, Court Reporter and Notary Public, or before a duly designated representative, who is not of counsel to the parties or interested in the events of the cause. This deposition is being taken for the purpose of discovery, for use at trial, or for such other purposes as are permitted under the Florida Rules of Civil Procedure.

**Title/Cover Page**

IN THE CIRCUIT COURT OF THE 17TH  
JUDICIAL CIRCUIT IN AND FOR  
BROWARD COUNTY, FLORIDA  
(A) CASE NO. 13-014397CF10A

(B) STATE OF FLORIDA,  
  
Plaintiff,  
  
v.  
  
SAMUEL R. CLARKE,  
  
Defendant.

~~~~~  
(C) VIDEO DEPOSITION OF  
DWAYNE ANTONIO FLETCHER

(D) TAKEN ON BEHALF OF THE DEFENDANT

(E) DECEMBER 9, 2013  
2:27 P.M. to 5:06 P.M.  
  
OFFICE OF THE STATE ATTORNEY  
201 SOUTHEAST 6TH STREET,  
ROOM 568,  
FORT LAUDERDALE, FLORIDA 33301

(F) REPORTED BY:  
JILL JENKINS, COURT REPORTER  
NOTARY PUBLIC, STATE OF FLORIDA

UNIVERSAL COURT REPORTING, INC.  
www.universalcourtreporting.com (877) 291-DEPO (3376)

**Production & Billing Sheet (PBS) – Page 1 of 2**



**UNIVERSAL  
COURT REPORTING**

WRITE  BUST   
NO WRITE  C.N.A.

**Production & Billing Sheet**

Court Reporter: <sup>(A)</sup> Jennifer McCausland <sup>(B)</sup> Digital  Digital Video   
Steno  Steno Video

Job No: 148775 Job Date: 12-23-13 Date Submitted: 12-23-13

Case Caption: Clair McCarthy VS. Delray Food Services Inc.

Hours: Start: 11  AM  PM  
End: 1:20  AM  PM  
Deposition  Trial   
Hearing  Other

| Role:       | Name:                         | Read/Waive<br>Bust/CNA | (use fields below for actual or estimate page) |                                    |
|-------------|-------------------------------|------------------------|------------------------------------------------|------------------------------------|
| Witness (1) | <sup>(C)</sup> Clair McCarthy | <sup>(D)</sup> Waive   | Pages: 109+14                                  | <sup>(E)</sup> Exhibit #: Def. 1-3 |
| Witness (2) |                               |                        | Pages:                                         | Exhibit #s:                        |
| Witness (3) |                               |                        | Pages:                                         | Exhibit #s:                        |
| Witness (4) |                               |                        | Pages:                                         | Exhibit #s:                        |

<sup>(E)</sup> Exhibit Instructions: I will bring exhibits into office. Original Transcripts with attorney Stephanie Vo, Esq.  
Exhibit Retained by:  Reporter  Attorney  Other \_\_\_\_\_

Production/Delivery Instructions: Same Day - Call Office!

<sup>(F-H)</sup> Additional Notes: This transcript was requested as a 'Same Day' expedite.  
Please send read to Michael Smith  
294 Woods Rd., Ft. Lauderdale, FL 33309  
Spellings: vascular, tact, psychologically, Mintzer, Goshgarian,  
Hanover, Islip, ophthamologist  
Transcribers Use:  Main Audio  Backup Audio  
Video Recorded:  Yes  No

## Production & Billing Sheet (PBS) – Page 2 of 2



# UNIVERSAL COURT REPORTING

|                 |                                             |
|-----------------|---------------------------------------------|
| Court Reporter: | Jennifer McCausland                         |
| Job Number:     | 148775                                      |
| Case Caption:   | Clair McCarthy VS. DeKey Food Services Inc. |
| Date Submitted: | 12-23-13                                    |

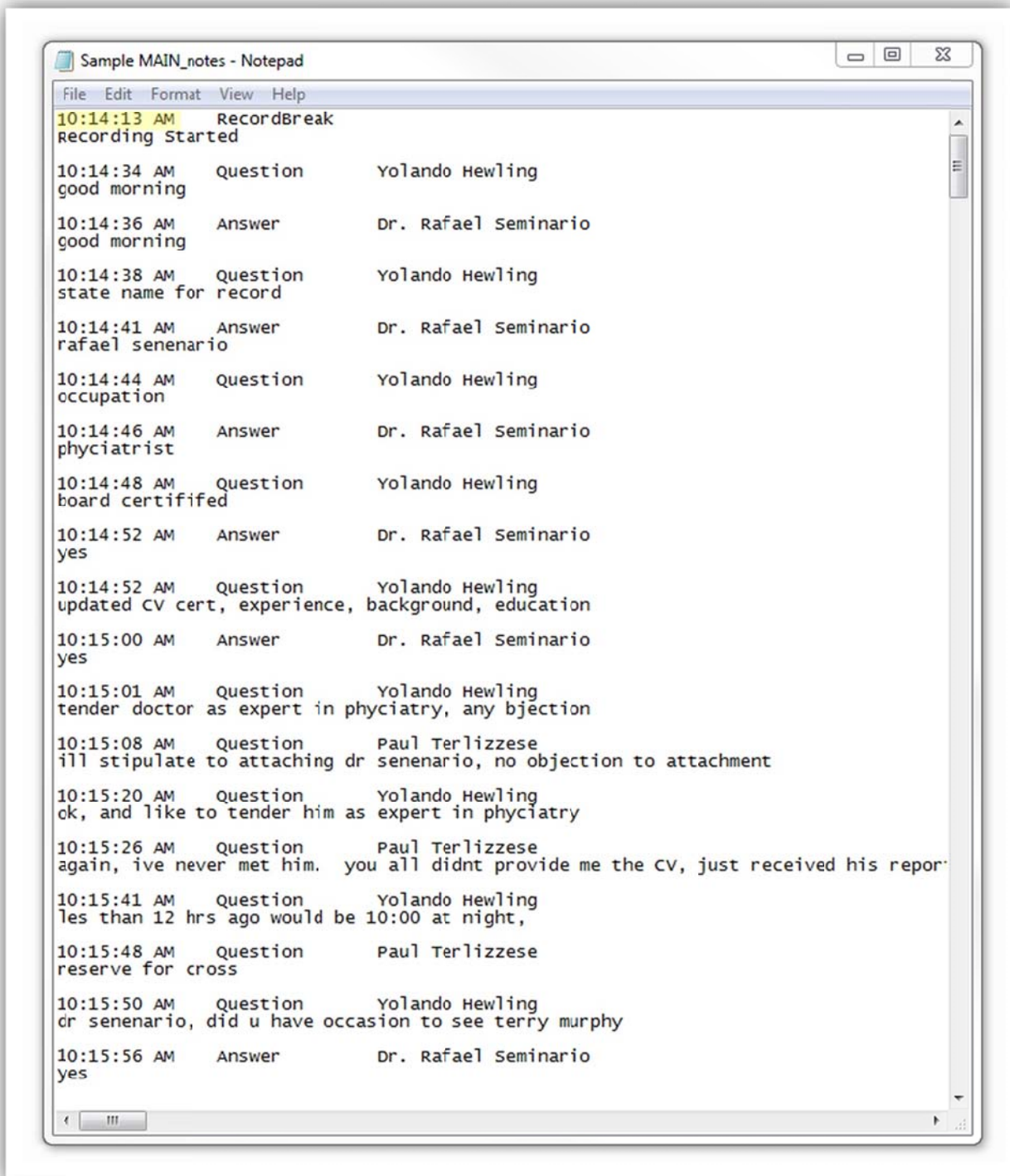
### Client Order Form

| Client Order: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> Backorder <input type="checkbox"/> No Write <input type="checkbox"/> Bust<br>(i) Ordering Attorney: STEPHANIE VO, ESQ<br>Firm Name: MINTZER SAROWITZ<br>Delivery Address: 1000 NW 57TH COURT SUITE 300<br>Phone Number: MIAMI, FLA. 33126      Email: SVO@DEFENSECOUNSEL.COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OTDX <input type="checkbox"/><br>OTD <input checked="" type="checkbox"/><br>FedEx <input type="checkbox"/><br>UPS <input type="checkbox"/><br>USPS <input type="checkbox"/><br>Hand Delivered <input type="checkbox"/> |            |          |         |      |    |     |       |         |            |          |         |       |                                             |     |       |         |          |  |   |  |   |  |   |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|---------|------|----|-----|-------|---------|------------|----------|---------|-------|---------------------------------------------|-----|-------|---------|----------|--|---|--|---|--|---|----------------------------------|--|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Transcript</th> <th rowspan="2">Attendance</th> <th rowspan="2">Expedite</th> <th rowspan="2">E-Trans</th> <th rowspan="2">Mini</th> <th rowspan="2">CD</th> <th rowspan="2">DVD</th> <th rowspan="2">Synch</th> <th rowspan="2">Data CD</th> <th colspan="2">Exhibits</th> </tr> <tr> <th>B&amp;W</th> <th>Color</th> </tr> </thead> <tbody> <tr> <td>Wit (1) <input checked="" type="checkbox"/></td> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> <td></td> <td style="text-align: center;">✓</td> <td></td> <td style="text-align: center;">✓</td> <td></td> <td style="text-align: center;">✓</td> <td></td> <td style="text-align: center;">3</td> </tr> <tr> <td>Wit (2) <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wit (3) <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wit (4) <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Transcript                                                                                                                                                                                                             | Attendance | Expedite | E-Trans | Mini | CD | DVD | Synch | Data CD | Exhibits   |          | B&W     | Color | Wit (1) <input checked="" type="checkbox"/> | ✓   | ✓     |         | ✓        |  | ✓ |  | ✓ |  | 3 | Wit (2) <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  | Wit (3) <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  | Wit (4) <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  | Other Info: ORDER VIDEO. THIS WAS A SAME DAY JOB. I SENT MYSELF SAME DAY. |
| Transcript                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |            |          |         |      |    |     |       |         | Attendance | Expedite | E-Trans | Mini  | CD                                          | DVD | Synch | Data CD | Exhibits |  |   |  |   |  |   |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | B&W                                                                                                                                                                                                                    | Color      |          |         |      |    |     |       |         |            |          |         |       |                                             |     |       |         |          |  |   |  |   |  |   |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                                                           |
| Wit (1) <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ✓                                                                                                                                                                                                                      | ✓          |          | ✓       |      | ✓  |     | ✓     |         | 3          |          |         |       |                                             |     |       |         |          |  |   |  |   |  |   |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                                                           |
| Wit (2) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                        |            |          |         |      |    |     |       |         |            |          |         |       |                                             |     |       |         |          |  |   |  |   |  |   |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                                                           |
| Wit (3) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                        |            |          |         |      |    |     |       |         |            |          |         |       |                                             |     |       |         |          |  |   |  |   |  |   |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                                                           |
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| Client Order: <input type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> Backorder <input checked="" type="checkbox"/> No Write <input type="checkbox"/> Bust<br>Ordering Attorney: JOHN GOSHGARIAN, ESQ<br>Firm Name: SAME<br>Delivery Address: 3830 HOLLYWOOD BOULEVARD, SUITE 106<br>Phone Number: HOLLYWOOD, FLA. 33021      Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OTDX <input type="checkbox"/><br>OTD <input type="checkbox"/><br>FedEx <input type="checkbox"/><br>UPS <input type="checkbox"/><br>USPS <input type="checkbox"/><br>Hand Delivered <input type="checkbox"/> |            |          |         |      |    |     |       |         |            |          |         |       |                                  |     |       |         |          |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |             |
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| Transcript                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             |            |          |         |      |    |     |       |         | Attendance | Expedite | E-Trans | Mini  | CD                               | DVD | Synch | Data CD | Exhibits |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |             |
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| Client Order: <input type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> Backorder <input type="checkbox"/> No Write <input type="checkbox"/> Bust<br>Ordering Attorney:<br>Firm Name:<br>Delivery Address:<br>Phone Number:      Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OTDX <input type="checkbox"/><br>OTD <input type="checkbox"/><br>FedEx <input type="checkbox"/><br>UPS <input type="checkbox"/><br>USPS <input type="checkbox"/><br>Hand Delivered <input type="checkbox"/> |            |          |         |      |    |     |       |         |            |          |         |       |                                  |     |       |         |          |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |             |
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| Transcript                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             |            |          |         |      |    |     |       |         | Attendance | Expedite | E-Trans | Mini  | CD                               | DVD | Synch | Data CD | Exhibits |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |             |
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| Wit (1) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |            |          |         |      |    |     |       |         |            |          |         |       |                                  |     |       |         |          |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |             |
| Wit (2) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |            |          |         |      |    |     |       |         |            |          |         |       |                                  |     |       |         |          |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |             |
| Wit (3) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |            |          |         |      |    |     |       |         |            |          |         |       |                                  |     |       |         |          |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |             |
| Wit (4) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |            |          |         |      |    |     |       |         |            |          |         |       |                                  |     |       |         |          |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |             |

## Main Notes





## Appearance of Counsel

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### APPEARANCES OF COUNSEL

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SUITE 520 PLANTATION, FLORIDA 33324  
(954)776-9966  
danielG@mkrs.com

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(305)537-6704  
  
JOHN SMITH, PLAINTIFF

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\*attached to transcript. (originals with Ms. Vo. Color copies are attached.)

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**Read Letter**

1   DATE:   December 24, 2013 (A)  
2   TC:    Barry Levine (B)  
          C/O  
3           Scott J. Sternberg & Associates, P.A. (C)  
          Heather Leigh Pattok, Esq.  
4           560 Village Boulevard  
          Suite 270  
5           West Palm Beach, Florida 33409  
6   IN RE:   Barry Levine v. Republic National (D)  
          Distributing/Sedgwick  
7           13-021002DAL  
8   Dear Mr. Levine,  
9           Please take notice that on December 10, 2013,  
10   you gave your deposition in the above-referenced matter.  
11   At that time, you did not waive signature. It is now  
12   necessary that you sign your deposition. You may do so  
13   by contacting your own attorney or the attorney who took  
14   your deposition and make an appointment to do so at  
15   their office. You may also contact our office at the  
16   below number, Monday - Friday, 9:00 AM - 5:00 PM, for  
17   further information and assistance.  
18           If you do not read and sign your deposition  
19   within thirty (30) days, the original, which has already  
20   been forwarded to the ordering attorney, may be filed  
21   with the Clerk of the Court. If you wish to waive your  
22   signature, sign your name in the blank at the bottom of  
23   this letter and promptly return it to us.  
24   Very truly yours,  
25   -----  
          CHYNNA BARBOSA (E)  
          Universal Court Reporting  
          (954)712-2600  
  
          I do hereby waive my signature.  
  
          -----  
          Barry Levine  
          Cc: via transcript:           Robert J. Rodriguez, Esq.

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**Errata Sheet**

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|    | <b>ERRATA SHEET</b> |          |  |
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**Certificate of Reporter**

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**CERTIFICATE OF REPORTER**

STATE OF FLORIDA  
COUNTY OF BROWARD

I, CHYNNA BARBOSA, Court Reporter and Notary Public for the State of Florida, do hereby certify that I was authorized to and did digitally report the deposition of BARRY LEVINE; the foregoing testimony was taken before me; that a review of the transcript was requested; and that the transcript is a true and complete record of my digital notes.

I further certify that I am not a relative, employee, attorney or counsel of any of the parties, nor am I a relative or employee any of the parties' attorney or counsel connected with the action, nor am I financially interested in the action.

Dated this 10th day of December, 2013.

  
CHYNNA BARBOSA

NOTARY PUBLIC, STATE OF FLORIDA

**UNIVERSAL COURT REPORTING, INC.**  
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**Certificate of Oath**

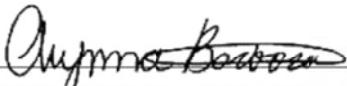
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CERTIFICATE OF OATH

STATE OF FLORIDA  
COUNTY OF BROWARD

I, CHYNNA BARBOSA, the undersigned authority,  
certify that BARRY LEVINE personally appeared before me  
and was duly sworn.

Witness my hand and official seal this 10th  
day of December, 2013.

  
CHYNNA BARBOSA, COURT REPORTER  
NOTARY PUBLIC, STATE OF FLORIDA



COMMISSION NO.: EE 869302  
COMMISSION EXPIRATION: January 28, 2017

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