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Print Form

TECHNOLOGY MANAGEMENT REQUISITION FORM

FIRM _____ CONTACT _____

PHONE _____ EMAIL _____

ADDRESS _____

MATTER NO. _____

MATTER NAME _____

SOLICITOR REF _____

TODAY'S DATE
OFFICE USE ONLY
JOB LOG
REF NO.

JOB REQUIRED BY	DATE		TIME			COPY X	

CLIENT DOCUMENTS SUPPLIED

ARCHIVE BOXES	LEVER ARCH FOLDERS	BOUND DOCUMENTS	MANILA FOLDERS	BUNDLES	DOCUMENTS	PLANS	PAGES	CD / DVD's	OTHER

PAGINATION

PAGINATE ☐ PAGINATE HARDCOPY ☐ PAGINATE DIGITAL COPY Position: _____

LEVELS	Level 1 (Party)	Level 2 (Box)	Level 3 (File/Folder)	Level 4 (Page)
Value				
Represents				
Character / Digits				

Label example: ABC.001.005.0001, where:

LEVELS	Level 1	Level 2	Level 3	Level 4
Value	ABC	001	005	0001
Represents	Party / Source	Box	Folder	Document
Character / Digits	3	3	3	4

Please specify separator value e.g.('.', '_' or '/') and any other special instructions:

_____

IMAGING INSTRUCTIONS (Standard imaging is done at B&W @ 300DPI / COLOUR @ 200DPI) ☐ SPECIAL INSTRUCTIONS ☐ IMAGE AS ORIGINAL

DOCUMENT	☐ ALL DOCUMENTS	☐ TAGGED DOCUMENTS	☐ TAGGED PAGES
IMAGE SIZE	☐ AS ORIGINAL	☐ A4	☐ A3
IMAGE FORMAT	☐ PDF	☐ TIFF	☐ NATIVE
IMAGE COLOUR	☐ SCAN AS ORIGINAL	☐ SCAN AS BLACK & WHITE	☐ SCAN AS COLOUR
IMAGE RESOLUTION	☐ 200 DPI	☐ 250 DPI	☐ 300 DPI
OCR / FULL TEXT SEARCH	☐ YES	☐ NO	

RECEIVED BY: _____ DATE _____ TIME _____

JOB LOG NO:

DE-DUPLICATION

DE-DUPLICATE	☐	PER DIRECTORY	☐	PER MATTER	☐	PER AUTHOR	
ACTION	☐	DELETE DUPLICATE	☐	TAG DUPLICATE			

DATA FIELDS

☐ STANDARD RINGTAIL FIELDS ☐ OTHER

If you select "OTHER", custom fields/data requirements will require consultation with our project managers to meet your requirements.

DOCUMENT DELIMITING, CODING AND HOST / ATTACHMENT DETERMINATION

☐ PHYSICAL DELIMITING (by staple/paper clip) ☐ LOGICAL DELIMITING (as per text or context)

OUTPUT INSTRUCTIONS

DIRECTORY STRUCTURE	☐	RINGTAIL ☐ CASEBOOK 6 ☐ LEGAL	☐	EXCEL	☐	OTHER	
FILE NAME	☐	AS ORIGINAL	☐	SEQUENTIAL NUMBERING	☐	OTHER	
DELIVERY METHOD	☐	CD OR DVD	☐	USB DRIVE	☐	EMAIL	

SPECIAL INSTRUCTIONS

RECEIVED BY: _____ DATE _____ TIME _____ _____