



Omaha, Nebraska | Des Moines, Iowa  
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|  |                  |                       |
|--|------------------|-----------------------|
|  | Firm Name _____  | Today's Date _____    |
|  | Address _____    | Date Due _____        |
|  | Phone # _____    | Time Due _____        |
|  | Ordered By _____ |                       |
|  | Email: _____     | Client/Matter # _____ |

## SC Scanning / Coding

Box \_\_\_\_\_ of \_\_\_\_\_

**Do We Scan:**

|                   | Yes                      | No                       |
|-------------------|--------------------------|--------------------------|
| ▶ Folder Tabs     | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Post - It Notes | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Tabs            | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Covers          | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ In Color        | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Size for Size   | <input type="checkbox"/> | <input type="checkbox"/> |

**Reassembly:**

|                      | Yes                      | No                       |
|----------------------|--------------------------|--------------------------|
| ▶ Restaple Originals | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Reclip Originals   | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Rebind Originals   | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Remove Slipsheets  | <input type="checkbox"/> | <input type="checkbox"/> |

Reduce to \_\_\_\_\_

**Coded Fields:**

Field 1 \_\_\_\_\_  
 Field 2 \_\_\_\_\_  
 Field 3 \_\_\_\_\_  
 Field 4 \_\_\_\_\_  
 Field 5 \_\_\_\_\_  
 Field 6 \_\_\_\_\_  
 Field 7 \_\_\_\_\_  
 Field 8 \_\_\_\_\_  
 Field 9 \_\_\_\_\_

**Processing:**

|              | Yes                      | No                       |
|--------------|--------------------------|--------------------------|
| ▶ OCR        | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Endorse    | <input type="checkbox"/> | <input type="checkbox"/> |
| w/ _____     |                          |                          |
| ▶ Blowbacks  | <input type="checkbox"/> | <input type="checkbox"/> |
| # Sets _____ |                          |                          |

**Tracking/Unique ID:**

Start # \_\_\_\_\_  
 End # \_\_\_\_\_

**Special Instructions** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EC Export / Conversion

**Litigation Database:**

|                | Yes                      | No                       |
|----------------|--------------------------|--------------------------|
| ▶ Summation    | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Concordance  | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Storm        | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ DB Textworks | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Ringtail     | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Introspect   | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ IConnect     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____    |                          |                          |

**Viewer:**

|                | Yes                      | No                       |
|----------------|--------------------------|--------------------------|
| ▶ Storm Viewer | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Stormi       | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Doculex 5/6  | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Doculex 4    | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ IPRO Viewer  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____    |                          |                          |

**Tiff Format:**

|               | Yes                      | No                       |
|---------------|--------------------------|--------------------------|
| ▶ Multipage   | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Single Page | <input type="checkbox"/> | <input type="checkbox"/> |

**PDF:**

|                          | Yes                      | No                       |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CD Label Info:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Special Instructions** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WC**

# Work Completed

Scan Operator \_\_\_\_\_ Total CDs \_\_\_\_\_  
Total Pages Scanned \_\_\_\_\_ Image QC Operator \_\_\_\_\_  
Total Pages OCR'd \_\_\_\_\_ Coding QC \_\_\_\_\_  
Total Endorsements \_\_\_\_\_ Load File QC \_\_\_\_\_  
Total Coded Fields \_\_\_\_\_ CD Image QC \_\_\_\_\_  
Total Blowbacks \_\_\_\_\_

**Additional Charges** \_\_\_\_\_

**Shipping/Delivery Info** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**Special Instructions** \_\_\_\_\_  
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