

Pro Bono Reporting Follow-up Form

Name _____

Firm/Court _____

Address _____

City _____ State _____ Zip _____ Texas CSR Number _____

Telephone _____ FAX _____

TCRA Member? Y N Your Area Director: _____ Seat Number _____

Date of Assignment _____ Type of Work: Deposition Court/Clinic

Pro Bono Agency _____

Pro Bono Attorney _____

Style of Case _____

Total Hours _____ Total Pages _____ Value if Billed _____

Note: Include reporting time, transcribing, editing and proofing time for total hours.
Civil indigent court transcripts prepared by salaried or per diem reporter
should exclude reporting time.

Fax this form upon completion of the pro bono service to:
Pro Bono Chair (800) 497-2606

