



KELLY+PARTNERS INC.
Your Document Management Partner

Centre Square, Concourse Level
1500 Market Street
Philadelphia, PA 19102
Tel: 215.569.3600
Fax: 215.569.8030

Job no. _____

Name: _____

Address: _____

City: _____ Zip: _____

Suite: _____ Floor: _____ Phone: _____

Requested By: _____

Number of Originals/boxes:

Day Due: _____ **Time Due:** _____

File Name: _____ **File no:** _____

Number of deliverables ordered: _____

SCANNING

Scan as is

Scan only tagged originals

Do we scan?

	Yes	No	Oversize Documents (maps, blueprints, etc.)
File folders & tabs	<input type="checkbox"/>	<input type="checkbox"/>	Reduce to:
Post-it notes	<input type="checkbox"/>	<input type="checkbox"/>	8 x 11 <input type="checkbox"/>
Exhibit/divider tabs	<input type="checkbox"/>	<input type="checkbox"/>	11 x 17 <input type="checkbox"/>
Front covers & spines	<input type="checkbox"/>	<input type="checkbox"/>	8 x 14 <input type="checkbox"/>

OCR? Check Box

Bates Number

Renumber starting with: _____

Burn bates on image

Loadfiles

Concordance	<input type="checkbox"/>	Fielded Text	<input type="checkbox"/>	DMS	<input type="checkbox"/>
Doculex 5	<input type="checkbox"/>	Concordance (EXT)	<input type="checkbox"/>		
DB Text Works	<input type="checkbox"/>	I PRO	<input type="checkbox"/>		
JFS Jazz Notes	<input type="checkbox"/>	Doculex 3	<input type="checkbox"/>		
Folder Manifest	<input type="checkbox"/>	Opticon	<input type="checkbox"/>		
Summation Text	<input type="checkbox"/>	Summation @ I	<input type="checkbox"/>		
Summation @ V	<input type="checkbox"/>	Trial Director	<input type="checkbox"/>		

BLOWBACKS

3-hole drill • side	<input type="checkbox"/>	Binding	Velobind	Binding	Front Back
2-hole drill • side	<input type="checkbox"/>	GBC <input type="checkbox"/>	Side <input type="checkbox"/>	Clear <input type="checkbox"/>	<input type="checkbox"/>
		Staple <input type="checkbox"/>	Top <input type="checkbox"/>	Black <input type="checkbox"/>	<input type="checkbox"/>
Insert tabs:		Depo <input type="checkbox"/>		White <input type="checkbox"/>	<input type="checkbox"/>
Alpha <input type="checkbox"/>		3-Ring binder <input type="checkbox"/>	Originals	Red <input type="checkbox"/>	<input type="checkbox"/>
Number <input type="checkbox"/>		Size _____ <input type="checkbox"/>	Bind <input type="checkbox"/>	Blue <input type="checkbox"/>	<input type="checkbox"/>
Custom			Do not bind <input type="checkbox"/>	Other _____ <input type="checkbox"/>	<input type="checkbox"/>

Special Instructions