



# New Mexico Depo

Professional Court Reporters  
4801 Lang NE, Suite 110  
Albuquerque, NM 87109  
Phone: 877-699-3376  
Fax: 505-299-3376

E-Mail: [SetADepo@NMdepo.com](mailto:SetADepo@NMdepo.com)

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Caption: \_\_\_\_\_

Case No. \_\_\_\_\_

Court/State: \_\_\_\_\_

Witness(es): \_\_\_\_\_

Start/End Time: \_\_\_\_\_ Trial Date: \_\_\_\_\_

Signature:  Waived:  Signature handled by: \_\_\_\_\_

Witness address/e-mail if needed for signature: \_\_\_\_\_

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