

[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Opposing Counsel Name]
[Law Firm Name]
[Address]
[City, State, Zip Code]

Re: [Case Name]
Case No.: [Court Case Number]

NOTICE OF VIDEOTAPED DEPOSITION

To all parties and their attorneys of record:

PLEASE TAKE NOTICE that, pursuant to the [State/Federal] Rules of Civil Procedure, the undersigned will take the testimony of [Name of Deponent] upon oral examination on the following date and time:

Date: [Date of Deposition]
Time: [Time of Deposition]
Location: [Physical Address or Virtual Platform Link]

The deposition will be recorded by stenographic means before a certified shorthand reporter and notary public. Furthermore, please take notice that pursuant to [Local Rule Number], this deposition will be recorded simultaneously by **videotape** for the purpose of discovery, for use at trial, or for any other purpose allowed under the law.

The deponent is requested to produce the following documents at the time of the deposition:
[List Documents or write "None"].

The deposition will continue from day to day until completed. You are invited to attend and cross-examine.

Respectfully submitted,

[Your Signature]

[Your Printed Name]
Counsel for [Plaintiff/Defendant]