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CONTROL #



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SERVICE OF PROCESS	1. Fill out one form for each capacity in which each person is to be served. 2. Provide one extra copy of each document to be served	
	FIRM:	DATE: _____
FIRM and CASE INFORMATION		COURT: _____
		CASE NO.: _____
		CASE NAME: _____
		DOCUMENTS:
	ATTY/SECTY: _____ EXT. _____	_____
	YOUR FILE NO.: _____	_____
SERVE UPON (List name exactly as it appear on proof of service)	NAME:	WORK ADDRESS:
	HOME ADDRESS:	
	TELEPHONE:	TELEPHONE:
	AGE: _____ HEIGHT _____ WEIGHT: _____ RACE: _____ SEX: _____ EYES: _____ HAIR: _____	
	MAY DOCUMENTS BE SUB-SERVED? _____	WILL SUBJECT TRY TO AVOID SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
CRITICAL DATES and FEES	DEADLINE FOR SERVICE _____ APPEARANCE/HEARING DATE: _____	
	WITNESS FEES \$ _____ <input type="checkbox"/> ATTACHED <input type="checkbox"/> ADVANCE	
	WITNESS FEES BE OFFERED EVEN IF NOT REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIAL INSTRUCTIONS		

FOR ACE USE ONLY

STATUS REPORT	BASE CHARGE	
	WAITING TIME	
	ADVANCE FEES	
PERSON SERVED: _____ TITLE/RELATIONSHIP: _____ DATE SERVED: _____ TIME SERVED: _____ ADDRESS SERVED: _____	CHECK CHARGE	
	SKIP TRACE	
	ATTEMPS	
	STAKE OUT	
WITNESS FEES PAID <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT \$ _____ ACE CHECK# _____		
SERVED BY _____ PROCESS RECEIVED ON (DATE): _____	TOTAL	