



ATTORNEY SERVICE

Delivering Peace of Mind

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: _____
SERVE UPON (List name exactly as it appears on proof of service)	ATTY/SECTY: _____ EXT. _____	YOUR FILE NO.: _____
	NAME:	WORK ADDRESS:
	HOME ADDRESS:	TELEPHONE:
	TELEPHONE:	TELEPHONE:
CRITICAL DATES and FEES	AGE: _____ HEIGHT: _____ WEIGHT: _____ RACE: _____ SEX: _____ EYES: _____ HAIR: _____	MAY DOCUMENTS BE SUB-SERVED? _____ WILL SUBJECT TRY TO AVOID SERVICE? YES NO
	DEADLINE FOR SERVICE _____ APPEARANCE/HEARING DATE: _____	WITNESS FEES \$ _____ ATTACHED ADVANCE _____
SPECIAL INSTRUCTIONS	WITNESS FEES BE OFFERED EVEN IF NOT REQUESTED? YES NO	

FOR ACE USE ONLY

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