



# ACE ATTORNEY SERVICE, Inc.

*"Delivering Peace of Mind"*

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**CONTROL #**



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

**FOR ACE USE ONLY**

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