



# 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. 2. Provide one extra copy of each document to be served	
	<b>FIRM:</b>	<b>DATE:</b> _____ <b>COURT:</b> _____ <b>CASE NO.:</b> _____ <b>CASE NAME:</b> _____ <b>DOCUMENTS:</b> _____
<b>FIRM and CASE INFORMATION</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> _____ <b>DATE SERVED:</b> _____ <b>TIME SERVED:</b> _____ <b>ADDRESS SERVED:</b> _____ <b>WITNESS FEES PAID</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMOUNT \$</b> _____ <b>ACE CHECK#</b> _____ <b>SERVED BY</b> _____ <b>PROCESS RECEIVED ON (DATE):</b> _____	<b>CHECK CHARGE</b>	
	<b>SKIP TRACE</b>	
	<b>ATTEMPS</b>	
	<b>STAKE OUT</b>	
	<b>TOTAL</b>	