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"Delivering Peace of Mind"



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SERVICE OF PROCESS	<p>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</p>
FIRM and CASE INFORMATION	<p>FIRM: _____ DATE: _____</p> <p>COURT: _____</p> <p>CASE NO.: _____</p> <p>CASE NAME: _____</p> <p>DOCUMENTS: _____</p> <p>ATTY/SECTY: _____ EXT. _____</p> <p>YOUR FILE NO.: _____</p>
SERVE UPON (List name exactly as it appear on proof of service)	<p>NAME: _____ WORK ADDRESS: _____</p> <p>HOME ADDRESS: _____</p> <p>TELEPHONE: _____ TELEPHONE: _____</p> <p>AGE: _____ HEIGHT _____ WEIGHT: _____ RACE: _____ SEX: _____ EYES: _____ HAIR: _____</p> <p>MAY DOCUMENTS BE SUB-SERVED? _____ WILL SUBJECT TRY TO AVOID SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
CRITICAL DATES and FEES	<p>DEADLINE FOR SERVICE _____ APPEARANCE/HEARING DATE: _____</p> <p>WITNESS FEES \$ _____ <input type="checkbox"/> ATTACHED <input type="checkbox"/> ADVANCE</p> <p>WITNESS FEES BE OFFERED EVEN IF NOT REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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	
WITNESS FEES PAID <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT \$ _____ ACE CHECK# _____	SKIP TRACE	
SERVED BY _____ PROCESS RECEIVED ON (DATE): _____	ATTEMPS	
	STAKE OUT	
	TOTAL	