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| ***NEW CLIENT SETUP*** | | | | | | | | | | | |
| **SECTION 1 – CLIENT INFORMATION** | | | | | | | | | | | |
| Name of Business: | | | | | |  | | | | | |
| Physical Address: | | | | | |  | | | | | |
| City: |  | | | | | | State: |  | | Zip: |  |
| Telephone: | | |  | | | | Facsimile # | |  | | |
| Mailing Address: | | | | |  | | | | | | |
| City: |  | | | | | | State: |  | | Zip: |  |
| Contact name: | | | |  | | | Title: |  | | | |
| E-Mail: | |  | | | | | | | | | |
| |  | | --- | | **WE HAVE SEVERAL PAYMENT OPTIONS** | | **You can pay on our website by credit card or PayPal by going to** [**www.TPS.Legal**](http://www.TPS.Legal)  **(make sure to put your firms name and all invoice numbers if you are not prepaying),**  **email a check to us front and back to Service@Tps.Legal (no need to mail), fax a copy of a check front and back to 928-233-8147 (no need to mail) or mail payment to the address above.**  **We do require prepayment for private parties who are not being represented by an attorney.** |   **We do not offer refunds for any reason. If we do not get your papers served we will provide you with our diligence that you can provide the court.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **CLIENT LOGIN** | | | | | | | | | | | |
| In an effort to better serve you we have created a client login for you. You can log into our system and create jobs, check the status of jobs, print affidavits, invoices and more.  Please note documents will not be entered until they have been issued with the court.  To Log In Go To: [**www.ThompsonProcessServing.com**](http://www.ThompsonProcessServing.com)  Click On: **CLIENT LOGIN**  Your Log Is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(LET US KNOW IF YOU HAVE A REQUEST)  Your Password Is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(LET US KNOW IF YOU HAVE A REQUEST)  The Bottom Line Needs To Say In All Capital Letters: **THOMPSON** | | | | | | | | | | | |

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| **AUTHORIZATION(S) AND SIGNATURE(S)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Print Name and Title Above Signature  Approved by TPS employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE HAVE THE PLAINTIFF / PETITIONER FILL OUT AS MUCH AS POSSIBLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPANY NAME: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE:** | | | | | | | | |  | | | | | | | | | | | |
| CONTACTS NAME | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACTS EMAIL | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACTS PHONE # | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CONTACTS FAX # | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| REFERENCE # | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CASE #** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COURT** | | | |  | | | | | | | | | | | | | | | | | | | | | | **COUNTY** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **STATE:** | | | | | |  | | | | | | | | | |
| **PLEASE CHECK ALL THAT APPLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ISSUE** | | | |  | | **FILE** | | | | | |  | | | **COURIER SERVICE**  **(NO PROOF REQUIRED)** | | | | | | | | | | | | | | | | | | | | | |  | | | | **RUSH**  **(ADDITIONAL FEE)**  **(WITHIN 48 HRS)** | | | | | | | | | | | | |  | | | | | **SAME DAY (ADDITIONAL FEE)** | | | | | | | | |  | | | | |
| **SPECIFIC DATE FOR SERVICE (ADDITIONAL FEE)** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **SPECIFIC TIME FOR SERVICE (ADDITIONAL FEE)** | | | | | | | | | | | | | | | | | | | **AM / PM** | | | | | | | | | | | | | | | | | |
| **HEARING DATE IF KNOWN** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PARTY TO BE SERVED** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2ND PARTY SERVED** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIMARY ADDRESS** | | | | | | | | | **RESIDENCE** | | | | | | | | | | |  | | **BUSINESS** | | | | | | | | |  | | | | | | **ALTERNATE ADDRESS (ADDITIONAL FEE)** | | | | | | | | | | | | | | | | **RESIDENCE** | | | | | | | | |  | | | | **BUSINESS** | | | | | |  |
| **ADDRESS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NAME:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ADDRESS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CITY & ZIP:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PHONE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **BEST DATE / TIME TO SERVE:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **BEST DATE /TIME TO SERVE:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| ADDITIONAL INFORMATION / INSTRUCTIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DESCRIBE PARTY TO BE SERVED** | | | | | | | | | | | | | | | | | | | | **DOB OR AGE** | | | | | | | | | | |  | | | | | | | | | | | | | | **SSN** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DL** | |  | | | | | | | | | | | | | | | | | | | **STATE** | | | | | | |  | | | | | MARITAL STATUS | | | | | | | | | | | **S M D W** | | | | | HISTORY OF VIOLENCE? | | | | | | | | | | | | | | | | | | **YES / NO** | | | | | |
| DOES HE/SHE CARRY A WEAPON? | | | | | | | | | | | | | | | | | **Y / N** | | | | | | | DOES HE/SHE HAVE AGGRESSIVE ANIMALS? | | | | | | | | | | | | | | | | | | | | | | | | | | **Y / N** | | | | | | WILL THEY AVOID? | | | | | | | | | | | | | | **Y / N** | | |
| PHYS. DISC. | | | | | HT: | | |  | | | | | | | | | | | | | | | WT: | | | | | |  | | | | | | | | | HAIR | | | | |  | | | | | | | | | | | | | | | | | EYES | | | |  | | | | | | | | |
| RACE: | | |  | | | | | | | | | | | **M / F** | | | | |  | | | | | | VEHICLE DESCRIPTION: | | | | | | | | | | | | | | | LIC. PLATE | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE DESCRIPTION: | | | | | | | | | | | | | YEAR | | | | |  | | | | | | | | | MAKE | | | | |  | | | | | | | | | | MODEL | | | | | |  | | | | | | | | | | COLOR | | | | | | |  | | | | | | | |
| DO THEY PARK IN THE DRIVEWAY OR GARAGE? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | IS THE PARTY EXPECTING THE PAPERS? | | | | | | | | | | | | | | | | | | | | | | | | | | | **Y / N** | | | |
| **PLEASE FILL OUT AS MUCH INFORMATION AS POSSIBLE. PLEASE PROVIDE ONE COPY OF ALL OF THE DOCUMENTS FOR EACH PARTY BEING SERVED. PLEASE EMAIL TPSAZ123@GMAIL.COM , FAX 928-233-8147 AND/OR ATTACH WITH DOCUMENTS IN OUR CLIENT ACCESS AREA.**  **MAIL TO 3225 SILVER ARROW DRIVE LAKE HAVASU CITY, AZ. 86406 OR CALL FOR PICK UP 928-846-4100 IF LOCAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |