|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CITY & ZIP:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHONE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PHONE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BEST DATE / TIME TO SERVE:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **BEST DATE /TIME TO SERVE:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| ADDITIONAL INFORMATION / INSTRUCTIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** [**Service@TPS.Legal**](mailto:Service@TPS.Legal)**, 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |