

Process Serving Instructions

Golden State Municipal ♦ PO Box 2781 ♦ San Bernardino, Ca 92406

Phone: (909)562-1871 ♦ Email: info@goldenstatemunicipal.com

Attorney/ Pro Per:

Date:

Address:

Court:

Phone: ()

Case No:

Case Title:

Documents To Be Served or Filed:

Please provide 2 sets of each document to be served/filed.

Last Date To Serve/File:

Name of Party To Be Served:

If service is upon a corporation or partnership, please indicate name of partner, officer and title, or agent for service.

Home Address:

Phone: ()

Business Address:

Phone: ()

Physical Description:

Race: _____ **Sex:** _____ **Age:** _____ **Eyes:** _____ **Hair:** _____

Height: _____ **Weight:** _____

Other:

Special Instructions:

(if any)