

Golden State Municipal

Specialized Process Service

Process Serving Instructions

PO Box 2781 ♦ San Bernardino, Ca 92406
Phone: (909)562-1871 ♦ Email: info@goldenstatemunicipal.com

Attorney/ Pro Per:

Date:

Address:

Court:

Phone:

Case Number:

E-Mail:

Case Title:

Last Date To Serve/File:

Documents To Be Served or Filed: (Please provide 2 sets of each document to be served/filed.)

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: _____

Additional Information or Instructions: