

Process Serving Instructions

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Attorney/ Pro Per:

Date:

Address:

Court:

Phone: ()

Case No:

Case Title:

Documents To Be Served:

In the event substituted service is required, please provide 2 sets of each document to be served.

Last Date To Serve:

Witness Fee Check Attached?

No ___ Yes ___ Amount \$ _____

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)