**DDG Discovery Detective Group A division of Discovery Groups, LLC**

Mail: **6501 East Greenway Parkway, Suite 103-500, Scottsdale, AZ 85254**  Telephone **(480) 946-7173** FAX **(480) 922-4656**

**PROCESS SERVICE AGREEMENT**

**UPON RECEIPT, PLEASE EXECUTE AND RETURN**

Date Retained: 2017 Last day to serve:\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid minimum Process Service Fee on shopping cart Yes \_\_\_\_ Invoice #\_\_\_\_\_\_\_\_\_\_ NO \_\_\_

<http://shop.discoverygroupsllc.com/products/standard-metro-service-of-process> Copy [Link to SHOP CART in browser](http://shop.discoverygroupsllc.com/products/standard-metro-service-of-process)

Mailed or dropped off Check\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 day hold on personal check

Please charge this Credit Card # Exp. date No hold

Security code Client Name

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client address & zip

Client E-mail Client Best Contact Number

1. This CASE AGREEMENT is made between **Discovery Detective Group**, hereinafter called **Discovery,** and

(your name) hereinafter called **CLIENT**.

1. **Discovery** will endeavor to perform this assignment with due diligence and to the best interest of the **CLIENT**.
2. **CLIENT** will provide the agreed upon fee and **Discovery** **will endeavor to:** Serve court papers provided by Client.

Description of person to serve & any additional information that may help us. If needed write on a second piece of paper.

1. **CLIENT** shall forward to **Discovery** at leasttwo (2) paper copies or (1) digital copies of the process to be served.
2. The minimum fee paid by **CLIENT** is non-refundable, and includes up to three service attempts at the provided address, and filing of an affidavit with the court.If the minimum paid is not correct because of distance or difficulty Client will be consulted**.**
3. **CLIENT** will provide an address where we will attempt to serve the **Subject.** If we are unable to serve**, Client** may authorize additional work by any written or verbally recorded instrument.
4. **If CLIENT** **authorizes additional work, CLIENT** agrees to be responsible for all balances beyond the initial requested funds paid. This may occur when the provided address is wrong, or the **Subject** is evading service, and a successful serve depends upon investigation, or an alternate method of service. Balances may include, but are not limited to: costs of notary, court filing, stakeout, surveillance, skip tracing, investigation, locates, photography, data acquisition, travel, mileage, photocopies, and affidavits of due diligence for service.
5. **CLIENT** shall disclose to **DISCOVERY** if they are a party to a restraining order from the person or entity being served, or if a person to be served is likely to be violent, or actively evading service.
6. Unless otherwise agreed in writing, **CLIENT** agrees to pay a four (4) hour minimum at $85.00 per hour, if **DISCOVERY** is placed on stand-by, on-call, called upon or required to testify telephonically, via the internet, in person, or by deposition or interrogatory.
7. When paying by credit card **CLIENT** agrees to pay the above total amount due and any extensions authorized ACCORDING TO ORIGINAL CARD HOLDER AGREEMENT. Retain copy for your records.
8. I HAVE READ and I UNDERSTAND this CASE AGREEMENT and agree to these provisions on behalf of myself and / or my firm, and the **CLIENT(S)** represented in this matter. I have retained a copy and I authorize my facsimile or digital signature to act as an original in this agreement if faxed or scan & e-mailed.

For **CLIENT**: Date

**Cardholder**: Date