

Process Serving BUCK SLIP



YOUR FIRM/CO.:

YOUR NAME:

CASE #:

YOUR CONTACT PHONE NUMBER(S):

ATTORNEY'S FILE #:

CLIENT MATTER #:

PLAINTIFF:

DEFENDANT:

COURT:

HEARING DATE:

TIME:

DEPARTMENT:

If you need us to advance fees such as Witness fees, how much?:

DOCUMENT TO BE SERVED:

NAME OF PERSON TO SERVE:

AKA:

DESCRIPTION:

1ST ADDRESS: RESIDENTIAL OR BUSINESS

2ND ADDRESS: RESIDENTIAL OR BUSINESS

LEVEL OF SERVICE:

ABSOLUTE LAST DAY TO SERVE (DOCS THAT ARE NOT SERVED WILL BE RETURNED):

SPECIAL INSTRUCTIONS: