



Request to Serve/ Courthouse Filing Request

Firm Name: _____ Phone #: _____

Requested By: _____ E-Mail: _____

Address: _____

Floor or Suite # for document pick up: _____ Client Matter #: _____

TYPE OF SERVICE REQUESTED

Jurisdiction: _____ Case #: _____

PROCESS SERVICE Rush Service Routine Service Specific Date of Service: _____

Additional Service Instructions: _____

Documents to be Served or Filed: _____

Recipient: _____

Service Address: _____

Plaintiff: _____

Defendant: _____

Are documents ready to pick up? Yes No If not, what time will they be ready? _____

How do you want your file stamped copies returned? _____

Special Instructions: _____
