



REQUEST FOR SERVICE

Tel no. (866) 534-6612

Psd411@gmail.com

Please print clearly!!

Fax no. (714) 455-2988

Your email address _____ Today's Date _____

Create a login _____ Password _____ - _____ - _____ - _____

(Login & Password can be letters, numbers or combination)

YOUR EMAIL ADDRESS ALLOWS US TO GIVE YOU UPDATES ON YOUR CASE. YOU CAN ALSO LOGIN TO YOUR ACCOUNT AND CHECK STATUS AS WELL AS GET PDF COPIES OF ANY DOCUMENTS WE PREPARE FOR YOU.

YOUR NAME / ADDRESS & TEL No:		RUSH <input type="checkbox"/> <i>Additional fee required</i>		ROUTINE <input type="checkbox"/>			
		YOUR COURT DATE: _____		LAST DATE TO SERVE: _____			
COURT:		CASE NO:					
PLAINTIFF / PETITIONER:							
DEFENDANT / RESPONDANT:							
WHAT DOCUMENTS ARE WE SERVING? <i>(Exactly as it should appear on the affidavit of service)</i>							
WHO ARE WE SERVING? <i>(Exactly as it should appear on the affidavit of service)</i>							
WHAT IS THEIR HOME ADDRESS & TEL NO.?			WHAT IS THEIR BUSINESS ADDRESS & TEL NO.?				
DESCRIBE THE PERSON(S):	Age:	Sex:	Race:	Hgt:	Wgt:	Hair Color:	Glasses?

(EMAIL A PHOTOGRAPH OF THE PERSON IF ONE IS AVAILABLE)

IMPORTANT!! SERVICE MUST BE MADE IN THE MANNER CHECKED BELOW:

PERSONAL SERVICE: By personally delivering copies to the person being served.

SUBSTITUTED SERVICE AT RESIDENCE: By personally delivering copies to the dwelling house or usual place of abode of the person (or authorized person on behalf of an entity) being served. Person receiving documents must be at least _____ years of age and should be informed of the general nature of the documents. If the documents are served in this manner you should/should not mail copies of same to the address where the papers were left. For additional requirements, if any, see below. May be sub on _____ attempt.

POSTING: By posting copies in a conspicuous manner to the address of the person/entity being served. If the documents are served in this manner, you should/should not mail copies of same to the address where the papers were left. For additional requirements, if any, see below. May be sub on _____ attempt.

I have read and understand all terms and conditions *(print name)* _____ *(Signature)* _____

READ ALL TERMS & COMDITIONS AT WWW.PRIORITYSERVICEDIRECT.COM



REQUEST FOR SERVICE

Continued

PERSON / ENTITY BEING SERVED

SELECT THE SERVICE LEVELS YOU REQUIRE	Fees / Quote	FEES ENCLOSED
Routine service of process (service within 7-10 days from date received)		
Rush service of process (service within 48 hrs)		
Each additional service of process (at the same address)		
Service of process at a secondary address		
Notary of Affidavit / Proof of Service (Where applicable)	\$13.00	
Witness Fee		
All original Affidavits of Service / Proof of Service are sent back to you, how you like it sent?	<input type="checkbox"/> Fed Ex overnight \$40.00 <input type="checkbox"/> USPS Express \$22.00 <input type="checkbox"/> USPS Priority \$10.00 <input type="checkbox"/> USPS Regular No Chg	
Printing	15 cents per page after the first ten pages	
Basic Skip tracing - \$60.00 Skip Trace Request Form can be printed @ www.courtserver.com	\$60.00	
TOTAL		

SPECIAL INSTRUCTION OR INFORMATION
