DIRECT LEGAL SUPPORT

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SERVICE OF PROCESS FORM

INV #

FIRM NAME: PHONE: FAX: ATTY / SECRETARY: EXT:	DATE RECEIVED:	COURT:
	DOCUMENTS:	
CHARGE REFERENCE / ATTY. CODE:	ADVANCE WITNESS FEES ☐ YES ☐ NO	
CASE NO:	LAST DAY TO SERVE	
Short title of case:	HEARING SET FOR: _____ AT _____ DEPT/DIV _____	

SERVE:

(PLEASE INDICATE NAME EXACTLY AS IT SHOULD APPEAR ON PROOF OF SERVICE)

TYPE OF SERVICE

☐ ROUTINE
☐ RUSH (DO TODAY)

RESIDENCE ADDRESS: TELEPHONE #:	BUSINESS ADDRESS: TELEPHONE #: HOURS WORKED:

WITNESS FEES

CHECK WRITTEN BY:
☐ CLIENT ☐ KLS
AMOUNT:
CHECK #:

SERVER'S REPORT:

☐ PERSONAL SERVICE
☐ SUBSTITUTE SERVICE
☐ POSTED
☐ MAILED
☐ NOT SERVED

SPECIAL INSTRUCTIONS:

AGE	HEIGHT	WEIGHT	RACE	HAIR	EYES	SEX	ADDITIONAL

DATE SERVED	TIME SERVED	PROCESS SERVER	PERSON SERVED / TITLE

Use of this form creates a contract. Direct Legal Support, Inc. shall not be liable for more than $100 per assignment.