



REQUEST FOR SERVICE

EMAIL: BRINGITSERVEIT@GMAIL.COM

TEL # 866.534.6612 / FAX # 714.455.2988

IS THIS SERVE? <input type="checkbox"/> RUSH <i>*Additional fee required</i> <input type="checkbox"/> ROUTINE <i>***If not checked default service will be routine</i>	WHAT IS LAST DAY TO SERVE?
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YOUR INFORMATION

YOUR NAME / FIRM		Date	
Street Address		Apartment / Unit #	
City	State	Zip Code	
E-mail		TEL #	
Create a login and password so that We can provide status of your serve	Login	Password	Fax #

SERVICE INFORMATION

**If you are serving a entity list both the business and registered agent*

NAME OF <input type="checkbox"/> INDIVIDUAL being served <input type="checkbox"/> ENTITY being served <input type="checkbox"/> REGISTERED AGENT being served						
SERVICE ADDRESS AND TEL # is this address <input type="checkbox"/> Home <input type="checkbox"/> Work						
SECONDARY ADDRESS <input type="checkbox"/> Home <input type="checkbox"/> Work <i>*Additional fee required for service at a secondary address</i>						
DESCRIBE THE PERSON	Age	Sex	Race	Hgt	Wgt	Hair Color

CASE INFORMATION

COURT	DOCKET / CASE / INDEX #
DOCUMENTS BEING SERVED	
PLAINTIFF / PETITIONER	
DEFENDANT / RESPONDANT	

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

PERSONAL SERVICE: By personally delivering copies to the person(s) or entity being served.

SUBSTITUTED SERVICE: By personally delivering copies to the dwelling house, usual place of abode or business of the person(s) 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. 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.

BEGINNING 9/29/11 THERE IS A CHECK WRITING FEE OF

DESCRIPTION OF FEES 10% OF THE AMOUNT OF THE CHECK.

DESCRIPTION OF SERVICE	QUOTED FEES \$\$
ROUTINE SERVICE OF PROCESS - ONE INDIVIDUAL/ENTITY <i>Service typically within 7- 10days)</i>	
RUSH SERVICE OF PROCESS - ONE INDIVIDUAL/ENTITY <i>(service typically within 48 hrs)</i>	
SECONDARY ADDRESS TO ATTEMPT SERVICE <i>(If PS Direct must attempt service at a 2nd address put the fee quoted for that 2nd address on this line)</i>	
SECONDARY PERSON BEING SERVED <i>(If you need a 2nd person served, put the fee quoted for that person on this line)</i>	
NOTARIZATION OF AFFIDAVIT/PROOF OF SERVICE <i>(\$15.00 Per Signature Where applicable)</i>	
WITNESS FEES <i>(Fees that you are including for us to serve with your Deposition)</i>	
ALL ORIGINAL AFFIDAVIT/PROOF OF SERVICE DOCUMENTS ARE SENT BACK TO YOU, HOW DO YOU WANT THEM SENT? **Rates listed are for USA delivery only, international rate do vary. <input type="checkbox"/> Fed Ex overnight-\$40.00 <input type="checkbox"/> USPS Express-\$25.00 <input type="checkbox"/> USPS Priority-\$15.00 <input type="checkbox"/> USPS Regular-No Chg	
PRINTING <input type="checkbox"/> FIRST NINE (9) PAGES NO CHARGE	\$00.00
PRINTING <input type="checkbox"/> ARE YOU FAXING OR EMAILING MORE THAT 10 PAGES? WHEN YOU FAX OR EMAIL US (11) OR MOR PAGES ADD .25 CENTS PER PAGE. **PLEASE ENTER THAT AMOUNT----->	
SKIP TRACING / PRIVATE INVESTIGATION <input type="checkbox"/> BASIC SKIP \$50.00 <i>(Search for an address on one (1) name)</i> <input type="checkbox"/> PRIVATE INVESTIGATIONS SERVICES	

DATE _____

TOTAL	
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I have read and understand all terms and conditions of Priority Service Direct.

(Print name) _____ (Signature) _____

READ ALL TERMS & CONDITIONS AT WWW.BRINGITSERVEIT.COM