



THANK YOU FOR CHOOSING PS DIRECT PROCESS SERVERS & SKIP TRACING

WHEN YOU SEND US YOUR SERVE PLEASE REMEMBER TO INCLUDE:

- **REQUEST FOR SERVICE FORM**
- **DOCUMENTS YOU WANT SERVED**
- **CREDIT CARD/CHECK AUTHORIZATION OR CHECK TO COVER SERVICE FEES**
- **THERE IS A PRINT FEE OF 20 CENTS PER PAGE PRINTED AFTER THE FIRST TEN.**

ALSO

- **EMAIL US AT PSD411@GMAIL.COM TO CONFIRM RECEIPT OF YOUR SERVICE.**
- **IF YOU NEED TO SPEAK TO A REPRESENTATIVE PLEASE CALL US AT (866) 534.6612**
- **WE WILL SEND YOU EMAIL UPDATES ON YOUR SERVE**
- **ONCE SERVICE HAS BEEN COMPLETED WE WILL SEND YOU THE ORIGINAL AFFIDAVIT OF SERVICE/PROOF OF SERVICE WHICH YOU WILL NEED TO FILE WITH THE COURT IN WHICH YOUR PAPERS WERE FILED.**

AND MOST IMPORTANT

WE ARE AT YOUR SERVICE 24/7

THANK YOU FOR LETTING US SERVE YOU



REQUEST FOR SERVICE

Tel no. (866) 534-6612
Fax no. (714) 455-2988

Psd411@gmail.com

Your email address _____ Today's Date _____

Login & Password must be lower case

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.

ALL SECTIONS MUST BE COMPLETED TO ACCURATELY SERVE YOU

YOUR NAME / ADDRESS & TEL No:							
YOUR COURT DATE	LAST DATE TO SERVE	RUSH <input type="checkbox"/>	<i>Additional fee required</i>	ROUTINE <input type="checkbox"/>			
COURT: _____				CASE / INDEX NO: _____			
<input type="checkbox"/> I want PS Direct to use the Affidavit of Service I provide				<input type="checkbox"/> I will use the Affidavit of Service that PS Direct provides			
<i>Select one</i>							
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>							
SERVICE ADDRESS & TEL NO.? Is this address <input type="checkbox"/> Home <input type="checkbox"/> Work							
SECONDARY ADDRESS <i>(Additional fee required for serve at secondary address)</i> Is this address <input type="checkbox"/> Home <input type="checkbox"/> Work							
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 SERVE

DISCRIPTION OF SERVICE	FEES ENCLOSED
ROUTINE SERVICE OF PROCESS - ONE INDIVIDUAL/ENTITY <i>(service within 7-10 days)</i>	
RUSH SERVICE OF PROCESS - ONE INDIVIDUAL/ENTITY <i>(service 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 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? <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 <i>(20 cents per page after the first ten pages)</i>	
BASIC SKIP TRACING-\$60.00 <i>(Skip Trace Request Form can be printed @ www.courtservers.com)</i>	

TOTAL	
--------------	--

USE THE LINES BELOW FOR ANY ADDITIONAL INFORMATION YOU HAVE FOR US, SUCH AS THE SUBJECT'S WORK SHIFT, VEHICLE DISCRIPTION OR ANY OTHER INFORMATION THAT MIGHT AID IN THE SUCCESS OF YOUR SERVE.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.



CREDIT CARD CHARGE AUTHORIZATION

Please print clearly!!

Your completion of this authorization for helps us to protect you, our valued client, from credit card fraud. All information entered on this form will be kept strictly confidential.

Directions

- 1) Print the blank form and complete the entire form legibly with a dark ink pen. Card holder must sing on the line indicated. We reserve the right to verify the provided information with your Credit Card issuing Bank.
- 2) **Fax (714) 455.2988** or scan and email to psd411@gmail.com the completed form.

Contact Information

Contacts Name
Telephone #
Your Email Address

Case information

Person/Entity being served

Credit Card Information

Credit Card #
Expiration Date
Card Holder's Name

Billing Address (The address where the Credit Card Bank sends you the bill)

Address:	
Address:	
City	State
Zip Code	

I, _____ (*Signature*) hereby authorize Priority Service Direct to charge my credit card account in the amount of \$_____ for the Process of Service and or Skip Trace for the case listed above. READ ALL TERMS & CONDITIONS AT WWW.PRIORITYSERVICEDIRECT.COM