



bringitserveit@gmail.com

# SKIP TRACE REQUEST

Please print clearly!!

Tel no. (866) 534-6612

Fax no. (714) 455-2988

## Your email address \_\_\_\_\_

*So that we can more efficiently serve you, please provide us with your email address. You can visit us at [www.bringitserveit.com](http://www.bringitserveit.com)*

|                                      |
|--------------------------------------|
| <b>YOUR NAME ADDRESS AND TEL NO:</b> |
|--------------------------------------|

|                         |                       |
|-------------------------|-----------------------|
| <b>DATE:</b> _____      | <b>CASE NO:</b> _____ |
| <b>COURT:</b> _____     |                       |
| <b>PLAINTIFF:</b> _____ |                       |
| <b>DEFENDANT:</b> _____ |                       |

|   |
|---|
| <b>DOCUMENTS BEING SERVED</b> (Exactly as it should appear on the affidavit of service) |
|---|

|   |
|---|
| <b>PERSON / ENTITY BEING SERVED</b> (Exactly as it should appear on the affidavit of service) |
|---|

|  |                        |
|--|------------------------|
| <b>PERSON'S FULL NAME</b> (individual being skip traced) | <b>AKA/MAIDEN NAME</b> |
|--|------------------------|

|                          |               |                               |
|--------------------------|---------------|-------------------------------|
| <b>SOCIAL SECURITY #</b> | <b>D.O.B.</b> | <b>PERSON'S EMAIL ADDRESS</b> |
|--------------------------|---------------|-------------------------------|

|                                  |           |  |           |
|----------------------------------|-----------|--|-----------|
| <b>LAST TWO KNOWN ADDRESSES:</b> | <b>#1</b> |  | <b>#2</b> |
|----------------------------------|-----------|--|-----------|

|                     |                     |                     |
|---------------------|---------------------|---------------------|
| <b>CELL PHONE #</b> | <b>HOME PHONE #</b> | <b>WORK PHONE #</b> |
|---------------------|---------------------|---------------------|

|                              |
|------------------------------|
| <b>SPECIAL INSTRUCTIONS:</b> |
|------------------------------|

**Total fees for services rendered should not exceed \$ \_\_\_\_\_ without advance authorization!**

*Information given to Priority Service Direct will remain confidential. Only officers of Priority Service Direct have access to any information relating to this service request. All information gathered of from reliable sources but is not guaranteed.*

*I acknowledge that I have read and understand this document. I further declare that the information provided in this application is for skip trace purposes relating to the court case I have indicated. READ ALL TERMS & CONDITIONS AT [WWW.PRIORITYSERVICEDIRECT.COM](http://WWW.PRIORITYSERVICEDIRECT.COM)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

**\*\*FOR OFFICE USE ONLY\*\***

|                 |                  |
|-----------------|------------------|
| <b>RESULTS:</b> | <b>COMMENTS:</b> |
|-----------------|------------------|