



# PROCESS SERVICE REQUEST FORM

Please print clearly

## CLIENT INFORMATION

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Request: \_\_\_\_\_

Your Case Number: \_\_\_\_\_

Picture Included      YES      NO

Phone: \_\_\_\_\_

RUSH SERVICE \_\_\_\_\_ STANDARD SERVICE \_\_\_\_\_

## DOCUMENTS TO BE SERVED

## LAST DAY TO SERVE (Date)

## SUBJECTS INFORMATION (Defendant):

RESIDENCE ADDRESS: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL DESCRIPTION:**

**AGE:** \_\_\_\_ **SEX:** \_\_\_\_ **RACE:** \_\_\_\_ **HEIGHT:** \_\_\_\_ **WEIGHT:** \_\_\_\_ **HAIR:** \_\_\_\_

**MISC:** \_\_\_\_\_

**HOSTILE/VIOLENT:** \_\_\_\_\_

---

**!!IMPORTANT!!**

**SERVICE MUST BE MADE IN THE MANNER CHECKED BELOW:**

\_\_\_\_ **PERSONAL SERVICE (By personally delivering copies to the person to be served)**

\_\_\_\_ **SUBSTITUTE 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 the 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 (circle one) should / should not mail copies to the address where the papers were left. May substitute service on \_\_\_\_ attempt.

\_\_\_\_ **SUBSTITUTE SERVICE AT BUSINESS:** (By personally delivering copies to the office or place of business 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 (circle one) should / should not mail copies to the address where the papers were left. May substitute service 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 (circle one) should / should not mail copies to the address where the papers were left. May substitute service on \_\_\_\_ attempt.

---

\_\_\_\_ **NOTARIZED AFFIDAVIT (\$10.00 fee)**    \_\_\_\_ **USE PROOF OF SERVICE ENCLOSED**

\_\_\_\_ **RETURN PROOF OF SERVICE BY OVERNIGHT (additional shipping charge)**

\_\_\_\_ **ADVANCED FEE ENCLOSED \$** \_\_\_\_\_

---

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_

*All information given to Priority Service Direct will remain private and confidential. Only officers of Priority Service Direct have access to any information relating to the Service of Process.*

---

**Please Fax, Email or mail completed questionnaire to  
Priority Service Direct  
21520 Yorba Linda Blvd. Suite G452  
Yorba Linda CA. 92887  
Fax: (714) 455-2988  
Email: [jmlorati@aol.com](mailto:jmlorati@aol.com)**

---