Attorney's Messenger Service

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PROCESS SERVICE FORM

☐ File and Serve

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 ☐ AMS

AMOUNT:

CHECK #:

SERVER'S REPORT:

- ☐ PERSONAL SERVICE
- ☐ SUBSTITUTE SERVICE
- ☐ POSTED
- ☐ MAILED
- ☐ NOT SERVED
- ☐ DATE SERVED
- ☐ TIME SERVED
- ☐ PROCESS SERVER
- ☐ PERSON SERVED / TITLE

SPECIAL INSTRUCTIONS:

AGE	HEIGHT	WEIGHT	RACE	HAIR	EYES	SEX	ADDITIONAL

DATE SERVED	TIME SERVED	PROCESS SERVER	PERSON SERVED / TITLE

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