



# CLASSIC COURIERS

## Legal Support Services

Tel: 213-620-5773 Fax: 213-536-2041 www.classic-couriers.com

Order No: \_\_\_\_\_

Date: \_\_\_\_\_

### COURT FILING / MESSENGER INSTRUCTIONS

#### FIRM:

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### CONTACT:

Contact Name \_\_\_\_\_

Phone / Ext \_\_\_\_\_

Email Address \_\_\_\_\_

Billing Ref: \_\_\_\_\_

#### PICK-UP FROM:

Location Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

SERVICE LEVEL:  Special  Rush  Regular

#### DELIVER TO:

Location Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

#### COURT:

Court Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Department \_\_\_\_\_

CASE NUMBER:	_____
CASE NAME:	_____

SERVICE LEVEL:  Special  Rush  Route  Regular

SERVICE TYPE:  File / Conform  Record  Research  
 Pick Up / Deliver

FILING FEES:  Attached \$ \_\_\_\_\_  
 Please Advance: \$ \_\_\_\_\_  
 First Appearance Fee Paid: \_\_\_\_\_ (Date)

#### SPECIAL INSTRUCTIONS:

#### DOCUMENTS:

RETURN INFORMATION  Special  Rush  Regular  Route  US Mail ORDER # \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ / \_\_\_\_\_  
SIGNATURE PRINT NAME

DATE & TIME \_\_\_\_\_