



CLASSIC LEGAL Legal Support Services

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

Order No: _____

Date: _____

SERVICE OF PROCESS INSTRUCTIONS

FIRM:

Firm Name _____
Address _____
City, State Zip _____
Phone _____ Fax _____

CONTACT:

Contact Name _____ File # _____
Court Name _____ Case # _____
Plaintiff _____
Defendant _____

LIST ALL DOCUMENTS:

Hearing Date _____ Hearing Time _____
Last Day To Serve _____ File P.O.S. By _____
Witness Fee Attached Y N Amount (\$) _____

SERVICE LEVEL: Special Rush Regular

SERVICE TYPE: Personal Substitute (per statute) Drop Serve

PARTY/ENTITY TO BE SERVED: _____

DO TODAY
Extra charges will apply

HOME:

Address _____
City, State Zip _____
Phone _____

WORK:

Business Name or Agent for Service _____
Address _____
City, State Zip _____
Phone _____

SPECIAL INSTRUCTIONS:

PHYSICAL DESCRIPTION: Race: _____ Sex: _____ Age: _____ Weight: _____ Hair: _____ Eyes: _____

PROCESS SERVER NOTES

PHYSICAL DESCRIPTION: Race: _____ Sex: _____ Age: _____ Weight: _____ Hair: _____ Eyes: _____

MANNER: PS SS BA NS LOCATION: Res Bus Other: _____

Person Served _____ Title _____

Time Served _____ Process Server _____

Date: _____ Time: _____ Status: _____

Date: _____ Time: _____ Status: _____

Date: _____ Time: _____ Status: _____

Date: _____ Time: _____ Status: _____

Date: _____ Time: _____ Status: _____