

REQUEST FOR PROCESS SERVICE

Date ____ / ____ / ____

Requesting Firm: _____

Handling Attorney: _____

Secretary: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

Court Name: _____ Case No: _____

Case Name: _____

Your File No: _____

Hearing Date: _____ Please Serve By: _____

Rush / Same Day Service
 Extra charge apply

FILE PROOF OF SERVICE WITH COURT AND RETURN CONFORMED COPY
 Extra charge apply

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WEBSITE:
www.usaexpressinc.com

PLEASE COMPLETE THIS FORM AND ATTACH TO YOUR DOCUMENT FOR SERVICE.

ORIGINAL DOCUMENT ATTACHED

LIST ALL DOCUMENTS (may abbreviate)

SPECIAL INSTRUCTIONS

PERSON(S) TO SERVE (please show name, home and work addresses, phone and physical description, etc.)

1. Name: _____
 Home Address: _____ Phone: _____
 Business Address: _____ Phone: _____
 CDL # _____
 Social Security No: _____ Zip Code very important _____

PERSON(S) TO SERVE (please show name, home and work addresses, phone and physical description, etc.)

2. Name: _____
 Home Address: _____ Phone: _____
 Business Address: _____ Phone: _____
 CDL # _____
 Social Security No: _____ Zip Code very important _____

PERSON(S) TO SERVE (please show name, home and work addresses, phone and physical description, etc.)

3. Name: _____
 Home Address: _____ Phone: _____
 Business Address: _____ Phone: _____
 CDL # _____
 Social Security No: _____ Zip Code very important _____

WORK AUTHORIZED BY: _____ Date: _____