



Service of Process Form

Please Complete the Form Below then
Print & Fax to: 818-887-1256 or 805-777-1115 or
Scan & Email to: Process@AmstarExpress.com

This Form is for Service of Process Only. Please Do NOT Use This Form For Any Other Service Type

If you have any questions or need further instructions—Call us at 888-778-2711 for assistance

| | | | |
|------------------|--|----------------|----------------------|
| Firm: | <input type="text"/> | Date: | <input type="text"/> |
| Attorney: | <input type="text"/> | Bar #: | <input type="text"/> |
| Rep: | <input type="text"/> IE-Plaintiff/Defendant etc | Court: | <input type="text"/> |
| Street: | <input type="text"/> | | <input type="text"/> |
| City: | <input type="text"/> | | <input type="text"/> |
| State: | <input type="text"/> Zip: <input type="text"/> | Case | <input type="text"/> |
| Phone: | <input type="text"/> <input type="text"/> Fax: <input type="text"/> <input type="text"/> | Name: | <input type="text"/> |
| Attn: | <input type="text"/> | File #: | <input type="text"/> |
| Email: | <input type="text"/> | | |

Check one of the boxes below to select service priority level requested then initial in box provided

| | | | | |
|---|--|--|---|--|
| Priority Requested → <input checked="" type="checkbox"/> | Routine 7+ Days to serve <input type="checkbox"/> | Rush 6 or less Days to serve <input type="checkbox"/> | Do Today Attempt same day as received <input type="checkbox"/> | Initial in Box at right to confirm service level <input type="text"/> |
|---|--|--|---|--|

Name (s) of Document (s) (Please be Specific)

Hearing Set For: At AM PM Dept: **Last Date to Serve:**

SERVEE—Person or Entity

(Name must appear **EXACTLY** as it appears on Summons/Subpoena/Document (s))

Residence

Business

Name:
Street:
City:
State: Zip: Phone:
Aliases:

Name:
Street:
City:
State: Zip: Phone:
Hours: : AM PM TO : AM PM

Age Height ', " Weight lbs Race Sex Hair

Special Instructions & Anything That May Help Facilitate Service