



FIRSTLEGAL

COURT & PROCESS

Los Angeles	(213) 250-1111	● Fax (213) 250-1197
Direct line to legal	(213) 250-9111	● Fax (213) 250-1197
Los Angeles (West)	(310) 277-9111	● Fax (310) 277-9153
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Las Vegas	(702) 671-4002	● Fax (702) 366-0768
Phoenix	(602) 248-9700	● Fax (602) 248-9727

SERVICE OF PROCESS FORM	CONTROL NO.	DATE:
web address: www.firstlegal.com		

FIRM NAME:	COURT:
PHONE:	DOCUMENTS:
FAX:	
ATTY / SECRETARY:	EXT:
CLAIM #:	
CHARGE REFERENCE / ATTY. CODE:	ADVANCE WITNESS FEES <input type="checkbox"/> YES <input type="checkbox"/> 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
RESIDENCE ADDRESS:	<input type="checkbox"/> PERSONAL ONLY
BUSINESS ADDRESS:	<input type="checkbox"/> SUBSTITUTED OK
TELEPHONE #:	<input type="checkbox"/> DELIVER / DROP SERVE
TELEPHONE #:	LEVEL OF SERVICE
HOURS WORKED:	<input type="checkbox"/> SPECIAL
	<input type="checkbox"/> ASAP (Same Day)
	<input type="checkbox"/> RUSH (Next Business Day)
	<input type="checkbox"/> REGULAR (3-4 Day)

SPECIAL INSTRUCTIONS:	WITNESS FEES
	CHECK WRITTEN BY:
	<input type="checkbox"/> CLIENT <input type="checkbox"/> FLSS
	AMOUNT:
	CHECK #:

COMMENTS:

HEIGHT	WEIGHT	HAIR	EYES	AGE	SEX	RACE	ADDITIONAL
DATE SERVED	TIME SERVED	PROCESS SERVER	PERSON SERVED / TITLE				