



SEATTLE TACOMA EVERETT OLYMPIA PORTLAND SACRAMENTO
 LOS ANGELES ORANGE COUNTY RIVERSIDE SAN DIEGO RIVERSIDE DALLAS
 ANTELOPE VALLEY N. HOLLYWOOD VENTURA OAKLAND SAN JOSE AUSTIN
 STOCKTON HOUSTON PHOENIX BROOKLYN BETHESDA COLUMBIA

PROCESS SERVICE REQUEST FORM

FIRM NAME (REQUIRED)	PHONE(REQUIRED)	EMAIL	ABC CLIENT # (REQUIRED)	DATE
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ADDRESS	CITY	STATE	ATTORNEY
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CASE NAME	CLIENT MATTER/REFERENCE #	SUPPORT STAFF (REQUIRED)
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DOCUMENTS TO SERVE	CAUSE #
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F I L I N G	Last Day For Filing	Statute Date	County	Court	File, then serve	Serve, then file	Serve Only	Serve Civil Case Schedule	Return Conformed Document	File Original Proof w/Court	
										YES (Default)	NO
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

P R O C E S S	Serve By Date	# of Sets to Serve	# To Post	# To Mail	Gov't Entity	Corp	Individually		Abode Service Co-Res OK	HEARING DATE	INVESTIGATIONS	
										Locate: <input type="checkbox"/> Person <input type="checkbox"/> Assets		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Background Report <input type="checkbox"/> Information <input type="checkbox"/> Other	

EMAIL WHEN COMPLETED CALL WHEN COMPLETED

CHECK STATUS AT www.abclegal.com

RESIDENCE

Servee(s):
Address:
Phone:
SSN:
DOB:
Driver's License #:

BUSINESS/EMPLOYMENT ADDRESS

Business Name:
Address:
Phone:

SPECIAL SERVICE INSTRUCTIONS:

.....FOR ABC USE BELOW THIS LINE.....

RECEIVED BY:	TITLE:	DATE:	TIME:	#OF COPIES:	SERVE BY:				
DATE/TIME	NOTE CODES	BY	AGE	WT.	HT.	RACE/SEX	HAIR COLOR	DISTING. MARKS	LIC. PLATE
								TP #	
								RTM	
								BA FEE	
								TRACE \$	
								MISC \$	
								MISC \$ FOR	
								SPEC \$	
								CHECK #	
								SPLIT	
DATE/TIME	REPORTED SERVE TO	<input type="checkbox"/> RECEPTIONIST <input type="checkbox"/> VOICEMAIL		TEMPLATE CODE		AFTER ENTERED BY		AMOUNT THIS WO #	

- | | | |
|---|---|--|
| 8/11
1 = NO ANSWER AT DOOR, LIGHTS ON INSIDE
2 = NO ANSWER AT DOOR, DARK INSIDE
3 = VEHICLE PRESENT, NO ANSWER AND DARK INSIDE
4 = VEHICLE PRESENT, LIGHTS ON INSIDE, NO ANSWER | 5 = PER MALE RESIDENT, HE HAS NEVER HEARD OF THE SUBJECT
6 = PER FEMALE RESIDENT, SHE HAS NEVER HEARD OF THE SUBJECT
7 = SUBJECT IS NOT WORKING TODAY
8 = VACANT | 9 = NO SUCH ADDRESS
10 = SUBJECT RECEIVES MAIL, BUT DOES NOT RESIDE AT ADDRESS
11 = PER NON-RESIDENT, SUBJECT NOT AT HOME
12 = PER CO-RESIDENT, SUBJECT NOT AT HOME |
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