

Date:

INVOICE#

Requesting Firm:
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Secretary:
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Court :
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SPECIAL INSTRUCTIONS:

DO TODAY: _____ SERVE BY: _____ FILE BY: _____

Serves _____ Original: Copy: Proofs/Instructions:

HEARING DATE: _____ Time: _____ Dept: _____

FILING FEE ATTACHED WITNESS FEE ATTACHED AMOUNT \$ _____

Serve _____ days before hearing.

DOCUMENTS:

PERSON TO SERVE:

DELIVER TO:

FILE AT:

(PLEASE INDICATE NAME EXACTLY AS IT SHOULD APPEAR ON PROOF OF SERVICE)

RESIDENCE ADDRESS

BUSINESS ADDRESS

TELEPHONE# ()

TELEPHONE# ()

HOURS WORKED:

PERSON SERVED:

RELATIONSHIP:

DESCRIPTION: AGE: HEIGHT: WEIGHT: RACE: SEX:

DISTINGUISHING MARKS:

Sub-Serve Copies:

DATE:

TIME:

SERVER - _____

Date(s) Phoned:

AM

Date Mailed:

PM

PROCESS- _____

SUBSERVE FEE

RUSH CHARGE

BAD ADDRESS

IN-FIELD LOCATE

COURT SERVICE

DELIVERY

HOURLY X _____

FLAT RATE

ADD'L HRLT X _____

FACSIMILE

PARKING/TOLL

FEES ADVANCED

FEE ADV. CHG.

TOTAL

Attempts:

Date: ___ Time: ___ Res. Bus.

Report: _____

Date: ___ Time: ___ Res. Bus.

Report: _____

Date: ___ Time: ___ Res. Bus.

Report: _____

(List additional attempts on reverse)