

**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

**USA EXPRESS**  
**ATTORNEY SERVICES**  
 P.O. BOX 260412  
 ENCINO, CA 91426  
 TOLL FREE 1.877.872.3977  
 FAX 800 861- 5311

E-MAIL:  
[mail@usaexpressinc.com](mailto:mail@usaexpressinc.com)

WEBSITE:  
[www.usaexpressinc.com](http://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: \_\_\_\_\_