

DUE PROCESS ATTORNEY SERVICE

12311 COLORADO AVENUE, BAKERSFIELD, CA 93312(661)588-9610 FAX (661) 588-9613

Service of Process Request Form

Attorney Name:	Contact:	Case Name	Case No.
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Date: __	Last Day to Serve:	Urgency: (Check One) <input checked="" type="checkbox"/> <input type="checkbox"/> Routine <input type="checkbox"/> Rush
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Type of Document(s) to be Served (check all that apply)

<input type="checkbox"/> Summons	<input type="checkbox"/> Statement of Classification	<input type="checkbox"/> Civil Subpoena <i>Duces Tecum</i>
<input type="checkbox"/> Complaint	<input type="checkbox"/> Special Rules Re: Status	<input type="checkbox"/> & Appearance
<input type="checkbox"/> Statement of Damages	<input type="checkbox"/> Conference & Clerk's Letter	
<input type="checkbox"/> Notice of Status Conference	<input type="checkbox"/> Notice of Judicial Assignment	

<input type="checkbox"/> Civil Subpoena for Appearance at Trial	<input type="checkbox"/> Civil Subpoena <i>Duces Tecum</i>	<input type="checkbox"/> Deposition Subpoena - Records & Appearance
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<input type="checkbox"/> Deposition Subpoena - Appearance Only	<input type="checkbox"/> Deposition Subpoena - Records Only
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Party 1: _____
Home Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work:** _____
Employer: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Complete Description (attach police report or photo if available): Male Female
Age: ____ **D.O.B:** _____ **Height:** ____ **Weight:** ____
Hair: ____ **Eyes:** _____ **Other:** _____
Social Sec. #: _____ **Driver Lic.#:** _____
Vehicle Description: _____
Vehicle License No.: _____
Witness Fees: No Yes \$

Party 2: _____
Home Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work:** _____
Employer: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Complete Description (attach police report or photo if available): Male Female
Age: ____ **D.O.B:** _____ **Height:** ____ **Weight:** ____
Hair: ____ **Eyes:** _____ **Other:** _____
Social Sec. #: _____ **Driver Lic.#:** _____
Vehicle Description: _____
Vehicle License No.: _____
Witness Fees: No Yes \$

(For Internal Use Only - Form Date 01-01-08)

Attempt Date/Time:	Server:	Result:	Mileage .51/mile:	Fee Paid:	Subserve Description, relationship & Mailing Date:
Date/Time:		A-P-H-B-O-NA-NI	\$	\$	
Date/Time:		A-P-H-B-O-NA-NI	\$	\$	
Date/Time:		A-P-H-B-O-NA-NI	\$	\$	
Date/Time:		A-P-H-B-O-NA-NI	\$	\$	
Date/Time:		A-P-H-B-O-NA-NI	\$	\$	

