



**PROCESS SERVICE
REQUEST FORM**

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Fax: 714-242-9331
1442 East Lincoln Ave., #105
Orange, CA 92865
E-Mail: contact@ntispi.com
Website: www.ntispi.com

Date: _____

Company / Client Name: _____ Ph #: _____

Requested by: _____ Fax #: _____

Address: _____ Email: _____

City & Zip: _____ Account /Claim#: _____

TYPE OF SERVICE REQUESTED Court: _____ Case#: _____

PROCESS SERVICE **Rush Service** **Routine Service** **Specific date for service:** _____

Documents to be Served: _____

Hearing Date if known: _____

Special instructions: _____

PARTY TO BE SERVED:
(use 2nd form if more than one party to be served)

ALTERNATIVE ADDRESS

Name: _____

Type of Address: _____

Address: _____

Address: _____

City & Zip: _____

City & Zip: _____

Ph#: _____

Ph#: _____

Additional info: _____

Additional info: _____

Description Party to be Served

DOB: _____ SSN: _____ CDL: _____ Marital Status: (S) (M) (D)

Physical Description: Ht: _____ Wt: _____ Hair: _____ Eyes: _____ M/F: _____ Race: _____ Picture Available: _____

Vehicle Info: Year: _____ Make: _____ Model: _____ Color: _____ CLP: _____

Service fee includes a minimum of 3 attempts at one address per defendant or party to be served. Alternate addresses are additional fees. In the event that our process server / agent is needed to appear in the referenced matter we require a hourly fee of \$85.00 and .50 per mile of travel. By utilizing our services you agree to these terms.

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