

PLEASE FILL OUT THE INFORMATION BELOW TO ASSIST US IN OBTAINING PROPER SERVICE.
WE MUST HAVE A PHONE NUMBER TO REACH YOU IN CASE THERE ARE ANY QUESTIONS
PRO-SE / ATTORNEY DROP-OFF SLIP

PLANTIFF OR ATTORNEY

NAME _____

STREET OR P.O. BOX _____

Apt # _____

CITY, STATE & ZIP _____

PHONE NUMBER (_____) - _____ - _____

****BEST NUMBER TO REACH YOU WITH
QUESTIONS****

DEFENDANT (PARTY BEING SERVED)

NAME _____

STREET _____

Apt # _____

CITY, STATE & ZIP _____

PHONE NUMBER (_____) - _____ - _____

****LIST ANY SPECIAL INSTRUCTIONS TO ENSURE
PROPER DELIVERY****

FOR OFFICE USE ONLY:

- RUSH
- COURT DATE IS: _____
- SERVE BY: _____
- REQUEST WE RETURN BY MAIL
- CALL FOR PICK UP
- HOLD FOR PICK UP
- IN HAND SERVICE IS REQUIRED

Total Amount Due/Paid: \$ _____

Method of Payment:

- Cash
- Money Order
- Fee Waiver
- Law Firm

RECEIVED BY: _____ (Initials)