



COURT • PROCESS • DELIVERY ORDER FORM

CONTROL # _____

ORDER CONFIRMATION

MEMBER FIRM - NATIONAL ASSOCIATION OF PROFESSIONAL PROCESS SERVERS



MEMBER - CALIFORNIA ASSOCIATION OF LEGAL SUPPORT PROFESSIONALS



FIRM	DATE _____	COURT / BRANCH _____	CASE NUMBER _____																																																					
	DIRECT LINE / EMAIL _____	PLAINTIFF - _____	DEFENDANT - _____																																																					
1 COURT SERVICE	<input type="checkbox"/> ECONOMY <input type="checkbox"/> RUSH <input type="checkbox"/> DIRECT <input type="checkbox"/> EXCLUSIVE																																																							
	<input type="checkbox"/> FILE <input type="checkbox"/> RECORD <input type="checkbox"/> RESEARCH		<table border="1"> <tr><td>LAST DAY TO FILE</td><td>_____</td></tr> <tr><td>COMPLETE BY</td><td>_____</td></tr> <tr><td>STATUTE</td><td>_____</td></tr> </table>	LAST DAY TO FILE	_____	COMPLETE BY	_____	STATUTE	_____																																															
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COURT	APPEARANCE FEE PAID? <input type="checkbox"/> NO <input type="checkbox"/> YES, DATE PAID _____ <input type="checkbox"/> FEES ATTACHED \$ _____ <input type="checkbox"/> PLEASE ADVANCE FEES HOW MANY DOCUMENTS ARE WE FILING? _____ DOCUMENTS & SPECIAL INSTRUCTIONS: _____																																																							
	<table border="1"> <tr> <td>2 PROCESS SERVICE</td> <td colspan="3"> <input type="checkbox"/> ECONOMY <input type="checkbox"/> RUSH <input type="checkbox"/> DIRECT <input type="checkbox"/> EXCLUSIVE </td> </tr> <tr> <td rowspan="2">SERVE DOGS</td> <td colspan="3"> ONE FORM FOR EACH PARTY TO BE SERVED <input type="checkbox"/> PERSONAL <input type="checkbox"/> SUBSTITUTED OK <input type="checkbox"/> DELIVER <input type="checkbox"/> POST WITNESS FEES? <input type="checkbox"/> YES, CHECK # _____ AMOUNT \$ _____ <input type="checkbox"/> NO, DO NOT ADVANCE FEES <input type="checkbox"/> PLEASE ADVANCE </td> </tr> <tr> <td colspan="3"> DOCUMENTS TO BE SERVED _____ FOR PROOF ACCURACY: ELECTRONICALLY TRANSMIT BUCK SLIP & EACH DOCUMENT FACE SHEET TO BE SERVED TO SUPPORT@PROLEGALNETWORK.COM OR FAX 866-767-4588 </td> </tr> <tr> <td rowspan="2">ADDRESSES</td> <td>RESIDENCE: _____</td> <td colspan="2">BUSINESS: _____</td> </tr> <tr> <td>PHONE: _____</td> <td colspan="2">PHONE: _____</td> </tr> <tr> <td rowspan="2">NOTES</td> <td colspan="3">SPECIAL INSTRUCTIONS / BEST TIME TO SERVE / CAR (Make / Model / Year / Color / License) _____</td> </tr> <tr> <td>SEX: _____</td> <td>AGE: _____</td> <td>HGT: _____</td> </tr> <tr> <td rowspan="2">3 SAME DAY DELIVERY</td> <td colspan="3"> <input type="checkbox"/> ECONOMY <input type="checkbox"/> RUSH <input type="checkbox"/> DIRECT <input type="checkbox"/> EXCLUSIVE </td> </tr> <tr> <td colspan="2"> <table border="1"> <tr><td rowspan="4">PICKUP</td><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> </td> <td> <table border="1"> <tr><td rowspan="4">DELIVER</td><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> </td> </tr> <tr> <td colspan="2">SPECIAL INSTRUCTIONS: _____</td> <td colspan="2">RECEIVED (PRINT) X</td> </tr> <tr> <td colspan="2"> APPROVED DIRECT BILLING CARRIER / FIRM: _____ ADDRESS: _____ ADJUSTOR / ATTORNEY: _____ CLAIM / FILE #: _____ </td> <td colspan="2"> E-mail: Support@ProLegalNetwork.com www.ProLegalNetwork.com Toll Free 888-72COURT (722-6878) Fax 866-767-4588 </td> </tr> <tr> <td colspan="2">INSURED / CLIENT: _____</td> <td colspan="2">DATE OF LOSS: _____</td> </tr> </table>			2 PROCESS SERVICE	<input type="checkbox"/> ECONOMY <input type="checkbox"/> RUSH <input type="checkbox"/> DIRECT <input type="checkbox"/> EXCLUSIVE			SERVE DOGS	ONE FORM FOR EACH PARTY TO BE SERVED <input type="checkbox"/> PERSONAL <input type="checkbox"/> SUBSTITUTED OK <input type="checkbox"/> DELIVER <input type="checkbox"/> POST WITNESS FEES? <input type="checkbox"/> YES, CHECK # _____ AMOUNT \$ _____ <input type="checkbox"/> NO, DO NOT ADVANCE FEES <input type="checkbox"/> PLEASE ADVANCE			DOCUMENTS TO BE SERVED _____ FOR PROOF ACCURACY: ELECTRONICALLY TRANSMIT BUCK SLIP & EACH DOCUMENT FACE SHEET TO BE SERVED TO SUPPORT@PROLEGALNETWORK.COM OR FAX 866-767-4588			ADDRESSES	RESIDENCE: _____	BUSINESS: _____		PHONE: _____	PHONE: _____		NOTES	SPECIAL INSTRUCTIONS / BEST TIME TO SERVE / CAR (Make / Model / Year / Color / License) _____			SEX: _____	AGE: _____	HGT: _____	3 SAME DAY DELIVERY	<input type="checkbox"/> ECONOMY <input type="checkbox"/> RUSH <input type="checkbox"/> DIRECT <input type="checkbox"/> EXCLUSIVE			<table border="1"> <tr><td rowspan="4">PICKUP</td><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>		PICKUP					<table border="1"> <tr><td rowspan="4">DELIVER</td><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	DELIVER					SPECIAL INSTRUCTIONS: _____		RECEIVED (PRINT) X		APPROVED DIRECT BILLING CARRIER / FIRM: _____ ADDRESS: _____ ADJUSTOR / ATTORNEY: _____ CLAIM / FILE #: _____		E-mail: Support@ProLegalNetwork.com www.ProLegalNetwork.com Toll Free 888-72COURT (722-6878) Fax 866-767-4588		INSURED / CLIENT: _____		DATE OF LOSS: _____
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