Civil Process Worksheet

Please complete this form and return to Professional Process Servers, Inc. A separate form is required for each party being served. If any information is unknown, leave blank.
Please note that we charge for each address you would like attempted.

CLIENT INFORMATION:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

PARTY INFORMATION (Person to be served):

Name: _____

Address: _____

Date of Birth: _____ Phone: _____

Physical Description:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Race: _____ Gender: ☐ Male ☐ Female ☐ Unknown

Glasses: ☐ Yes ☐ No Beard: ☐ Yes ☐ No Mustache: ☐ Yes ☐ No

Other Identifying Characteristics: _____

ADDITIONAL LOCATIONS:
Are there other locations this person can regularly be found? ☐ Yes ☐ No
If yes, provide details below:

Name of Place: _____

Address:_____

Phone: _____ Possible Days/Times: _____

VEHICLE INFORMATION:

Make & Model _____ Year: _____ Color: _____

License Plate Number: _____ Unusual Characteristics: _____

PAYMENT OPTIONS: (Check one)
Please note, service cannot begin until payment is received.

☐ Cash (Exact change required)
☐ Check (Payable to Professional Process Servers, Inc.)
☐ Credit Card (Provide your email address to receive an invoice. Subject to a 5% charge)

Email: _____