

# 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 transaction fee)

Email: \_\_\_\_\_