

BUSINESS / INDIVIDUAL INTAKE FORM

Name (Business or Individual)		Date		<input type="checkbox"/> Rush / Special <small>(Additional Fee Will Apply)</small> <input type="checkbox"/> Routine
Address		Court Date (If Applicable)		
City, State, Zip		Service Requested By		
Phone	Cell Phone	Fax		Reference Name/File #
Court	County	Case Number		Social Security #
Plaintiff / Petitioner Name		Defendant Name / Respondent		
Garnishee		In The Matter Of		

DOCUMENTS: (List each document as you wish it to appear on your Declaration of Service of Process)

Instructions:

OPPOSING PARTY INFORMATION:

Name of Person or Entity to be served	Best time to serve
Home Address	Work Name and Address
City, State, Zip	City, State, Zip
Home Phone	Work Phone
Age/DOB _____ Race _____ Sex _____ Height _____ Weight _____ Eyes _____ Hair _____ Features _____	Vehicle Description Make _____ Model _____ Year _____ Color _____ License # _____

OFFICE USE ONLY:

Received On: ___/___/___ Date & Time Served: ___/___/___; ___:___ am/pm Served By: _____

POA POB POE WHILE@ Place of Service: _____

IP IP4B SAD SAD4B ATA4 STAT OTHER _____ Person Served: _____

John/Jane Doe: _____ Race _____ Sex _____ Age _____ Ht _____ Wt _____ Hair _____ Eye _____

1st ___/___/___; ___:___ A/P 2nd ___/___/___; ___:___ A/P 3rd ___/___/___; ___:___ A/P 4th ___/___/___; ___:___ A/P

How did you hear of us? Yellow Pages: PHX East Valley Dexonline.com Romlinger Legal ServeNow Other _____

FIELD NOTES