

# DUE PROCESS ATTORNEY SERVICE

12311 COLORADO AVENUE, BAKERSFIELD, CA 93312(661)588-9610 FAX (661) 588-9613

## Service of Process Request Form

Attorney:	Contact:	Case Name	Case No.
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Date: __	Last Day to Serve:	Urgency: (Check One) <input checked="" type="checkbox"/> <input type="checkbox"/> Routine <input type="checkbox"/> Rush
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### Type of Document(s) to be Served (check all that apply)

<input type="checkbox"/> Summons	<input type="checkbox"/> Statement of Classification	<input type="checkbox"/> Civil Subpoena <i>Duces Tecum</i>
<input type="checkbox"/> Complaint	<input type="checkbox"/> Special Rules Re: Status	<input type="checkbox"/> & Appearance
<input type="checkbox"/> Statement of Damages	<input type="checkbox"/> Conference & Clerk's Letter	
<input type="checkbox"/> Notice of Status Conference	<input type="checkbox"/> Notice of Judicial Assignment	
<input type="checkbox"/> Civil Subpoena for Appearance at Trial	<input type="checkbox"/> Civil Subpoena <i>Duces Tecum</i>	<input type="checkbox"/> Deposition Subpoena - Records & Appearance
<input type="checkbox"/> Deposition Subpoena - Appearance Only	<input type="checkbox"/> Deposition Subpoena - Records Only	

**Party 1:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Complete Description** (attach police report or photo if available):  Male  Female  
Age: \_\_\_ D.O.B: \_\_\_\_\_ Height: \_\_\_ Weight: \_\_\_  
Hair: \_\_\_ Eyes: \_\_\_\_\_ Other: \_\_\_\_\_  
Social Sec. #: \_\_\_\_\_ Driver Lic.#: \_\_\_\_\_  
Vehicle Description: \_\_\_\_\_  
Vehicle License No.: \_\_\_\_\_  
Witness Fees: No  Yes  \$ \_\_\_\_\_

**Party 2:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Complete Description** (attach police report or photo if available):  Male  Female  
Age: \_\_\_ D.O.B: \_\_\_\_\_ Height: \_\_\_ Weight: \_\_\_  
Hair: \_\_\_ Eyes: \_\_\_\_\_ Other: \_\_\_\_\_  
Social Sec. #: \_\_\_\_\_ Driver Lic.#: \_\_\_\_\_  
Vehicle Description: \_\_\_\_\_  
Vehicle License No.: \_\_\_\_\_  
Witness Fees: No  Yes  \$ \_\_\_\_\_

### (For Internal Use Only)

Attempt Date/Time:	Server:	Result:	Mileage .49/mile:	Fee Paid:	Subserve Description, relationship & Mailing Date:
Date/Time:		A-P-H-B-O-NA-NI	\$	\$	
Date/Time:		A-P-H-B-O-NA-NI	\$	\$	
Date/Time:		A-P-H-B-O-NA-NI	\$	\$	
Date/Time:		A-P-H-B-O-NA-NI	\$	\$	
Date/Time:		A-P-H-B-O-NA-NI	\$	\$	