



Attorney's **Certified** SERVICES

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Order Date:

PROCESS SERVICE INSTRUCTIONS

Client Name & Address:

County:

Court Branch/Location:

Limited Under 10K Over 10K Unlimited U.D.

Telephone:

Case Number:

Fax Number:

Case Title:

Contact:

Documents to be Served:

Email Address:

Summons and Complaint Summons and Petition Small Claims Subpoena Unlawful Detainer

File Number:

OTHER / ADDITIONAL DOCUMENTS (Please List):

SPECIAL INSTRUCTIONS: Please note any time requirements!

ROUTINE (Attempted within 48 hours)
 RUSH (Same Day Dispatch w/ Daily Attempts)
 ON DEMAND (Immediate Dispatch)
RUSH / ON DEMAND Charges Approved by:

Last Day to Serve: _____ Deadline Runs on: _____

File Proof of Service? Yes No Is ACS the Deposition Officer? Yes No

Name: _____

HEARING DATE: _____ IN DEPT/DIV: _____

ADVANCE WITNESS FEES?
A 10% Check Charge will be added (\$3.00 Min.)

HEARING TIME: _____ AM PM

Amount: _____

Party to be Served #1:

Residence Address & Phone No.:

Business Name, Address & Phone No.:

Additional Instructions:

Sex	Age	Lbs	Height	Hair	Skin

Party to be Served #2:

Residence Address & Phone No.:

Business Name, Address & Phone No.:

Additional Instructions:

Sex	Age	Lbs	Height	Hair	Skin