



AMS Legal Support Services

Phone: (661) 324-8018

Fax: (661) 324-0415

www.amslegal.net

31 H Street • Bakersfield, CA 93304

### PROCESS SERVICE FORM

File and Serve

FIRM NAME:  PHONE: FAX: ATTY / SECRETARY:                      EXT:	DATE RECEIVED:	COURT:					
DOCUMENTS:							
CHARGE REFERENCE / ATTY. CODE:	ADVANCE WITNESS FEES <input type="checkbox"/> YES <input type="checkbox"/> NO						
CASE NO:	LAST DAY TO SERVE						
Short title of case:	HEARING SET FOR: _____ AT _____ DEPT/DIV _____						
SERVE:  (PLEASE INDICATE NAME EXACTLY AS IT SHOULD APPEAR ON PROOF OF SERVICE)		<b>TYPE OF SERVICE</b>					
RESIDENCE ADDRESS:	BUSINESS ADDRESS:	<input type="checkbox"/> ROUTINE <input type="checkbox"/> RUSH <input type="checkbox"/> DO TODAY					
TELEPHONE #:	TELEPHONE #:	<b>WITNESS FEES</b>					
HOURS WORKED:		CHECK WRITTEN BY: <input type="checkbox"/> CLIENT <input type="checkbox"/> AMS AMOUNT: CHECK #:					
SERVER'S REPORT:		<input type="checkbox"/> PERSONAL SERVICE <input type="checkbox"/> SUBSTITUTE SERVICE <input type="checkbox"/> POSTED <input type="checkbox"/> MAILED <input type="checkbox"/> NOT SERVED <input type="checkbox"/> DATE SERVED <input type="checkbox"/> TIME SERVED <input type="checkbox"/> PROCESS SERVER <input type="checkbox"/> PERSON SERVED / TITLE					
SPECIAL INSTRUCTIONS:							
AGE	HEIGHT	WEIGHT	RACE	HAIR	EYES	SEX	ADDITIONAL
DATE SERVED		TIME SERVED		PROCESS SERVER		PERSON SERVED / TITLE	

Use of this form creates a contract. AMS Legal Support Service, Inc. shall not be liable for more than \$100 per assignment.