



Attorney's Diversified Services

PROCESS SERVICE REQUEST FORM

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(805) 644-8014
Fax (805) 658-6336

Requesting Firm: _____ Date: _____

Attorney: _____ ADS Account #: _____

Secretary: _____ Atty. Bar #: _____

Address: _____ Phone: _____

City/State/Zip: _____ FAX: _____

Court Name: _____ Case No.: _____

Case Name: _____

Representing: _____ Insured's Name: _____

Law Firm File #: _____ Policy ID: _____

Bill To: _____

Phone: _____ FAX: _____

Bill Attention: _____

Bill To File/Claim No.: _____

*Please Rush Hearing Date: _____ Please Serve By: _____

*Extra charges may apply

LIST ALL DOCUMENTS (may abbreviate)

ORIGINAL ATTACHED

SPECIAL INSTRUCTIONS:

PERSON(S) TO SERVE (Please show name and work address, phone number, physical description, etc.)

1. Name: _____ Home Address: _____ Phone: _____

CDL#: _____ Business Address: _____ Phone: _____

Social Security No.: _____ Zip Code (Very Important) _____

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CDL#: _____ Business Address: _____ Phone: _____

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