



### Process Services Report

<b>Contact Name:</b>		<b>Reference #:</b>	
<b>Office:</b>		<b>Case #:</b>	
<b>Contact Ph#:</b>	<b>Ext:</b>	<b>Date Sent:</b>	
<b>Documents to be Served:</b>			
<b>Type of Service (Select One)</b> Regular    Rush    Priority		<b>Serve by:</b> (Date)	<b>SUB-SERVICE:</b> Yes    No <b>Do not Serve:</b>
<b>SERVE:</b> (Name of person to be served)		<b>ALIAS:</b> (Alias' if applicable)	<b>GENDER:</b> M    F
<b>HOME ADDRESS:</b>		<b>WORK ADDRESS:</b>	
<b>AGE:</b>	<b>HT:</b>	<b>WT:</b>	<b>HAIR:</b> <b>RACE:</b>
<b>SPECIAL INSTRUCTIONS:</b>			
<b>PROOF OF SERVICE:</b> (select one)	Return to Office –or–    File in		County Circuit Court

----- **FOR PROCESS SERVER USE BELOW THIS LINE** -----

<b>REC. BY:</b> X	<b>TITLE:</b>	<b>DATE:</b>	<b>TIME:</b>	<b># OF COPIES:</b>	<b>To Be Served By:</b>
SERVICE ATTEMPTS					
DATE	TIME	BY	CODE	NOTES	Vehicle Description MARKS / PLATE# / OTHER
PHYSICAL DESCRIPTION		<b>GENDER:</b>	<b>AGE:</b>	<b>RACE:</b>	<b>SKIN:</b>
<b>HAIR:</b>		<b>HEIGHT:</b>	<b>WEIGHT:</b>	<b>FACIAL HAIR:</b> Y    N	<b>GLASSES:</b> Y    N
SERVICE COMPLETED					
<b>DATE/TIME:</b>	<b>REPORTED SERVE TO: (Circle One)</b> Contact    Voicemail    Fax			<b>TOTAL # OF ATTEMPTS:</b>	
				<b>TOTAL # OF SERVES BILLED:</b>	
<b>AUTHORIZATION FOR SHERIFF SERVICE (IN-STATE SERVICE):</b> YES    NO    DATE:				<b>AUTHORIZATION FOR ADDTL. SERVES:</b> YES    NO    DATE:	
<b>NAME OF PERSON WHO AUTHORIZED:</b>					

### Process Services Report

Contact Name:		Client Billing #:	
SLS User Name:		Case / Docket #:	
Contact Ph#:	Ext:	Date Sent:	
Documents to be Served:			
Type of Service (Select One) Regular    Rush    Priority		Serve by: (Date)	SUB-SERVICE:    Yes    No Do not Serve:
SERVE: (Name of person to be served)		ALIAS: (Alias' if applicable)	GENDER: M    F
PRIMARY ADDRESS:		ALTERNATE ADDRESS:	
AGE:	HT:	WT:	HAIR:    RACE:
SPECIAL INSTRUCTIONS:			
PROOF OF SERVICE: (select one)		Return to Office –or– File in    County Circuit Court	
NOTARY REQUIRED?		Yes    No	

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REC. BY: X	TITLE:	DATE:	TIME:	# OF COPIES:	To Be Served By:
<b>SERVICE ATTEMPTS</b>					
DATE	TIME	BY	CODE	NOTES	Vehicle Description MARKS / PLATE# / OTHER
PHYSICAL DESCRIPTION		GENDER:	AGE:	RACE:	SKIN:
HAIR:		HEIGHT:	WEIGHT:	FACIAL HAIR:    Y    N	GLASSES:    Y    N
<b>SERVICE COMPLETED</b>					
DATE/TIME:	REPORTED SERVE TO: (Circle One) Contact    Voicemail    Fax			TOTAL # OF ATTEMPTS:	
				TOTAL # OF SERVES BILLED:	
AUTHORIZATION FOR SHERIFF SERVICE (IN-STATE SERVICE): YES    NO    DATE:				AUTHORIZATION FOR ADDTL. SERVES: YES    NO    DATE:	
NAME OF PERSON WHO AUTHORIZED:					