



Plaintiff \_\_\_\_\_ vs \_\_\_\_\_ Defendant CASE# \_\_\_\_\_

### DOCUMENT SERVICE INSTRUCTIONS TO SAN DIEGO PROSERVER

List all service document titles

You are instructed to serve the following documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who and where

PERSON OR ENTITY TO BE SERVED: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

If business, who is the owner, corporate officer or agent for service of process, address if different from above and hours of operation:

If an individual, where do they work, their work address and hours:

I  
M  
P  
O  
R  
T  
A  
N  
T

Subject's description: M / F age\_\_\_\_/ ht\_\_\_\_/ wt\_\_\_\_/ hair\_\_\_\_/ race\_\_\_\_/

Any distinguishing marks, scars or tattoos? \_\_\_\_\_  
If available, attach a photo.

Best days and times to attempt service: \_\_\_\_\_

If the service address is a security building or gated community, what is the gate code: \_\_\_\_\_

What type/make/color of vehicle does the subject drive? \_\_\_\_\_

**SERVER SAFETY ITEMS:** Are you aware of any of the following safety concerns in regards to the **PERSON** being served?

Dogs----- Y / N / UNKNOWN

Weapons----- Y / N / UNKNOWN

Drugs----- Y / N / UNKNOWN

Alcohol----- Y / N / UNKNOWN

Violence\_\_\_\_\_ Y / N / UNKNOWN

Criminal History----- Y / N / UNKNOWN

Mental Health----- Y / N / UNKNOWN

Gang member/Parole/Probation---- Y / N / UNKNOWN

Other concerns: \_\_\_\_\_  
\_\_\_\_\_

#### NOTICE TO REQUESTOR

Service of Process cannot be guaranteed. Payment must be received before service is attempted. You will be advised before any additional charges incurred. All communications, proofs and declarations will be made to the name and address listed below.

Person/Attorney/Litigant requesting service: \_\_\_\_\_ Relationship \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_