## **Process Server Intake Questionnaire**

This form is designed to gather comprehensive information needed to successfully serve legal documents (Summons, Complaint, Subpoena, etc.) on the intended individual or entity (the "Target"). Please provide all known details accurately.

### **SECTION 1: Client and Service Request Details**

			0 0	 	 	10.00	 
Clier	t/Law	Firm Na	ame:				

**Contact Person and Phone Number:** 

**Email Address for Service Updates and Proof of Service:** 

Court Case Name (e.g., Jane Doe v. John Smith):

Case File Number (If known):

Type of Documents to be Served (e.g., Summons & Complaint, Subpoena, Citation):

Deadline for Service (Date by which proof of service must be filed):

# SECTION 2: Target (Defendant/Respondent) Identification

- 1. Target's Full Legal Name:
- 2. Any Known Aliases or Former Names (e.g., Maiden Name):
- 3. Target's Date of Birth (Approximate or Exact):
- 4. Target's Social Security Number (If known, optional):
- 5. Target's Driver's License Number/State (If known):
- 6. Target's Height, Weight, Hair Color, Eye Color, and any Distinguishing Features (Scars, Tattoos, Glasses):

#### **SECTION 3: Location Details for Service**

1. Primary Residential Address (MUST be accurate for personal service):	
City, State, Zip:	

Type of Residence (e.g., House, Apartment complex, Gated Community, Trailer):

Security Information/Access Codes/Gate Codes for Residence (If known):

2. Place of Employment (If known, for potential service at work):

Company Name:

**Company Address:** 

Target's Job Title/Role:

3. Other Potential Addresses or Hangouts (e.g., Gym, Second Home, Relative's Address):

#### **SECTION 4: Background and Skip Tracing Information**

1. Vehicle Information

Make, Model, Year, and Color of Target's Vehicle(s):

License Plate Number and State (If known):

2. Target's Schedule and Routine

What are the best times of day (morning, afternoon, evening) the Target is likely to be at home?

What days of the week are they usually home or at work?

3. Target's Associates and Relatives

Name(s) of any adult co-residents, spouses, or partners who live with the Target:

Name(s) and Phone Number(s) of any close relatives/friends who may know their whereabouts:

4. Social Media Information (Usernames, platforms):

#### **SECTION 5: Special Instructions and Risk Assessment**

1. Attempts and Prior Service

Have there been any previous attempts to serve the Target? () Yes () No If Yes, when, where, and why was the attempt unsuccessful?

2. Behavior and Risk

Is the Target known to be violent, hostile, or evasive? ( ) Yes ( ) No

3. Specific Instructions or Notes:
Please include any critical details, specific legal requirements for service, or helpful
strategies for locating the Target:

**Client/Requester Signature:** 

If Yes, please explain any known threats or risks:

Date: