

MACAU FIELD SERVICES LLC

d/b/a Macau Process Server

# PROCESS SERVER CLIENT SERVICES REQUEST FORM

Service instructions, case details, pricing selection, and payment acknowledgement

## 1. Client and Billing Information

|                          |  |
|--------------------------|--|
| Client / Firm Name       |  |
| Primary Contact          |  |
| Billing Address          |  |
| City / State / ZIP       |  |
| Phone                    |  |
| Email for Status Updates |  |
| Email for Invoices       |  |
| PO / Client Matter No.   |  |

## 2. Case and Service Information

|                                  |  |
|----------------------------------|--|
| Court / Jurisdiction             |  |
| Case Style                       |  |
| Cause / Case Number              |  |
| Person / Entity to Be Served     |  |
| Service Address                  |  |
| City / State / ZIP / County      |  |
| Known Phone / Employer / Vehicle |  |
| Filing or Service Deadline       |  |
| Documents to Be Served           |  |

## 3. Safety, Access, and Special Instructions

|                                   |  |
|-----------------------------------|--|
| Access Details / Gate Code        |  |
| Best Times / Known Schedule       |  |
| Safety Concerns                   |  |
| Description / Identifying Details |  |
| Other Instructions                |  |

## Macau Office Use Only

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Date Received        | Assigned Server      | Completed            | Invoice Number       |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

# SERVICE SELECTION & PAYMENT ACKNOWLEDGEMENT

Select the requested service and acknowledge the applicable rate-sheet terms.

## 4. Requested Service and Applicable Rate

| Select                   | Service                                        | Area / Timing            | Rate                        |
|--------------------------|------------------------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <b>Routine Service of Process (4 attempts)</b> | Harris County            | <b>\$120</b>                |
| <input type="checkbox"/> | <b>Routine Service of Process (4 attempts)</b> | Fort Bend County         | <b>\$80</b>                 |
| <input type="checkbox"/> | <b>Second Paper - Same Address</b>             | Same service address     | <b>\$60</b>                 |
| <input type="checkbox"/> | <b>Same-Day Rush</b>                           | Harris County            | <b>\$180</b>                |
| <input type="checkbox"/> | <b>Same-Day Rush</b>                           | Fort Bend County         | <b>\$120</b>                |
| <input type="checkbox"/> | <b>Expedited Rush</b>                          | 24-72 hours              | <b>\$100</b>                |
| <input type="checkbox"/> | <b>Skip Trace / New Address Attempt</b>        | Applicable service above | <b>Same prices as above</b> |

Additional service or pricing clarification:

Quoted / approved amount: \$

## 5. Return of Service / Affidavit

All service assignments include an affidavit of service provided by Macau unless the client elects its own return.

☐ Macau to prepare affidavit of service

☐ Client will generate its own return of service

Preferred delivery: ☐ Email

☐ Client portal / other

## 6. Client Authorization and Payment Terms

**Authorization.** I authorize Macau to perform the selected service using the information and instructions provided.

**Completion and billing.** All client services are billed upon completion, whether the result is service of process or non-service after 4-6 attempts.

**Payment due.** The client is expected to remit payment upon receipt of Macau's invoice.

**Pricing.** I reviewed the rates above and understand skip trace/new-address attempts use the applicable selected service price.

**Information supplied.** I confirm the supplied documents, addresses, deadlines, and safety details are accurate to the best of my knowledge.

☐ I acknowledge and agree to the service authorization and payment terms stated above.

## 7. Authorized Client Signature

Printed Name

Title

Date

Phone





Signature / Typed Name

Company / Firm