



Service of Process Form

Please Complete the Form Below then

Scan & Email to:

bryan@millerinvestigations.com

This Form is for Service of Process Only. Please Do NOT Use This Form For Any Other Service Type

If you have any questions or need further instructions—Call us at 918-824-0560 for assistance

Firm:	<input type="text"/>	Date:	<input type="text"/>
Attorney:	<input type="text"/>	Bar #:	<input type="text"/>
Rep:	<input type="text"/> IE-Plaintiff/Defendant etc	Court:	<input type="text"/>
Street:	<input type="text"/>		<input type="text"/>
City:	<input type="text"/>		<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Attn:	<input type="text"/>	Case Name:	<input type="text"/>
Email:	<input type="text"/>	File #:	<input type="text"/>

Check one of the boxes below to select service priority level requested then initial in box provided

Priority Requested →

☐ Routine
7+ Days
to serve

☐ Rush
6 or less Days
to serve

☐ Do Today
Attempt same
day as received

☐ Initial in Box at
right to confirm
service level

Name (s) of Document (s) (Please be Specific)

Hearing Set For: At AM PM Dept: **Last Date to Serve:**

SERVEE—Person or Entity

(Name must appear **EXACTLY** as it appears on Summons/Subpoena/Document (s))

Residence

Name:
Street:
City:
State: Zip: Phone:
Aliases:

Business

Name:
Street:
City:
State: Zip: Phone:
Hours: : AM PM TO : AM PM

Age Height ', " Weight lbs Race Sex Hair

Special Instructions & Anything That May Help Facilitate Service