



1. TODAY'S DATE
2. YOUR LAW FIRM'S NAME
3. PERSON OR ENTITY TO SERVE (List exactly as it appears on the Document for Service)
4. ATTORNEY'S FILE NUMBER
5. ATTENTION TO WHOM IN YOUR LAW FIRM
6. YOUR LAW FIRM'S PHONE NUMBER
7. DATE OF HEARING
8. CHECK DAY OR EVENING HEARING
9. INDICATE LAST DAY TO SERVE
10. CHECK FOR RUSH SERVE
11. CHECK FOR REGULAR SERVE
12. PLAINTIFF VS. DEFENDANT INFORMATION
13. COURT NAME
14. CASE NUMBER
15. DOCUMENT(S)

SERVICE INSTRUCTIONS:

16. L.S.S.'S PREPRINTED INVOICE NUMBER (*IN RED*)
17. HOME ADDRESS AND PHONE NUMBER
18. BUSINESS ADDRESS AND PHONE NUMBER

ADDITIONAL INFORMATION (FURNISH IF KNOWN)

19. HEIGHT DESCRIPTION
20. WEIGHT DESCRIPTION
21. COLOR OF HAIR
22. COLOR OF EYES
23. RACE
24. GENDER
25. CHECK IF IN MILITARY SERVICE
26. AGE
27. DISTINGUISHING MARKS
28. CHECK IF PHOTOGRAPH IS PROVIDED
29. YEAR AND MAKE OF AUTOMOBILE
30. MODEL OF AUTOMOBILE
31. COLOR OF AUTOMOBILE
32. LICENSE NUMBER OF AUTOMOBILE
33. ADDITIONAL INSTRUCTIONS

FOR SERVICE OF PROCESS ONLY										1. INSTRUCTIONS MUST BE FILLED IN COMPLETELY. (See back of this form) 2. ONLY ONE DEFENDANT OR WITNESS PER INSTRUCTION SLIP. 3. PINK COPY IS YOUR FILE COPY - REMOVE & RETAIN. 4. SEND ALL OTHER COPIES TO LEGAL SUPPORT SERVICES.																													
LEGAL SUPPORT SERVICES 1262 1/2 West 2nd Street Los Angeles, California 90026 Phone (213) 250-0228 Fax (213) 250-1921										SERVICE OF PROCESS																													
LAW FIRM A D R E S S (2)										DATE (1) PERSON OR ENTITY TO SERVE (List exactly as it appears on the Document for Service) (3)																													
ATTY'S FILE NO. (4) ATTENTION (5) PHONE NO. (6)										C.C.P. 416.10 <input type="checkbox"/> 416.20 <input type="checkbox"/> 416.40 <input type="checkbox"/> 416.50 <input type="checkbox"/> 416.60 <input type="checkbox"/> INDIV. <input type="checkbox"/> DATE OF HE (7) A (8) LAST (9) SERVE (10) RUSH (11) REG. (12)																													
P L T F VS. D E F (12)										COURT (13) CASE NO. (14) * DOCUMENT (List exactly as it is to appear on the Return of Service) (15)																													
SERVICE INSTRUCTIONS HOME ADD. & PHONE NO. (17)										WITNESS FEES ATTACHED \$ (16) BUS. ADD. & PHONE NO. (18)																													
TO EXPEDITE PLEASE FURNISH DESCRIPTION (If ONLY IF KNOWN) A HT. (19) WT. (20) HAIR (21) EYES (22) RACE (23) GENDER (24) MILITARY YES <input type="checkbox"/> NO <input type="checkbox"/> (25) AGE (26) SPECIAL RE. (27)										<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TYPE SERV</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr><td>Process</td><td></td></tr> <tr><td>Breakdown of Making</td><td></td></tr> <tr><td>Post Judgment</td><td></td></tr> <tr><td>Waiting Time</td><td></td></tr> <tr><td>Lease</td><td></td></tr> <tr><td>Real Service</td><td></td></tr> <tr><td>Fee Awarded</td><td></td></tr> <tr><td>Not Found</td><td></td></tr> <tr><td>Retain</td><td></td></tr> </tbody> </table>										TYPE SERV	AMOUNT	Process		Breakdown of Making		Post Judgment		Waiting Time		Lease		Real Service		Fee Awarded		Not Found		Retain	
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