

LEGAL SUPPORT SERVICES

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FOR COURT SERVICE ONLY. NOT FOR SERVICE OF PROCESS.

Instructions to Sender:

- 1. Please make a duplicate copy for your files and retain.**
- 2. Send original copy to Legal Support Services.**

Date: _____ No.: _____ Court : _____ District: _____ County: _____

Title: _____

Document(s): _____

Attached is Attorney's: Check \$ _____ Cash \$ _____ Appearance fee was paid: YES NO

INSTRUCTIONS: File Conform Record Obtain: _____ (Plain) or Certified) Copy(ies)

Serve pursuant to attached instructions Have signed by: _____ Dept. _____

Must be filed by (date): _____ Time: _____ a.m. p.m. in Dept. _____

File at main filing window Statute Date: _____

Other: _____

REPORT:

L.S.S. advanced \$ _____

Original delivered to Dept. _____

Return in _____ court days to complete order

Order completed on _____

HEARING DATE: _____ a.m. p.m.. in Dept. _____

By: _____

Copy to follow: _____

Clerk will mail (please provide SASE)

Attorney: _____

Address: _____

Phone No: _____

Attn: _____

SEE REPORT ON REVERSE SIDE

File No. _____