

Service of Process Form

Please complete the form below then Print and Fax to: 580-350-3098 or
Email to contact@swprocessservers.com

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

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 →	<input type="checkbox"/> Routine 1st Attempt within 72 hrs.	<input type="checkbox"/> Rush 1st Attempt within 48 hrs.	<input type="checkbox"/> Priority Attempt same day as received	<input type="checkbox"/> Initial in box at right to confirm priority
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Name(s) of Document(s) (Please be Specific)

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

SERVEE—Person or Entity

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

Residence

Business

Name:

Street:

City:

State: Zip: Phone:

Aliases:

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