



KATZ INVESTIGATIONS

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SERVICE OF PROCESS FORM

INV #

FIRM NAME:		DATE RECEIVED:	COURT:				
PHONE:		DOCUMENTS:					
FAX:							
ATTY / SECRETARY: EXT:		ADVANCE WITNESS FEES <input type="checkbox"/> YES <input type="checkbox"/> NO					
CHARGE REFERENCE / ATTY. CODE:		LAST DAY TO SERVE					
CASE NO:		HEARING SET FOR: _____ AT _____ DEPT/DIV _____					
CASE TITLE:							
SERVE:		TYPE OF SERVICE					
(PLEASE INDICATE NAME EXACTLY AS IT SHOULD APPEAR ON PROOF OF SERVICE)		<input type="checkbox"/> ROUTINE					
		<input type="checkbox"/> RUSH (DO TODAY)					
RESIDENCE ADDRESS:		WITNESS FEES					
BUSINESS ADDRESS:		CHECK WRITTEN BY:					
TELEPHONE #:		<input type="checkbox"/> CLIENT <input type="checkbox"/> KATZ					
		AMOUNT:					
		CHECK #:					
SERVER'S REPORT:		<input type="checkbox"/> PERSONAL SERVICE					
		<input type="checkbox"/> SUBSTITUTE SERVICE					
		<input type="checkbox"/> POSTED					
		<input type="checkbox"/> MAILED					
		<input type="checkbox"/> NOT SERVED					
SPECIAL INSTRUCTIONS:							
AGE	HEIGHT	WEIGHT	RACE	HAIR	EYES	SEX	ADDITIONAL
DATE SERVED		TIME SERVED	PROCESS SERVER		PERSON SERVED / TITLE		

Use of this form creates a contract. Katz Investigations shall not be liable for more than \$100 per assignment.