Rickochet Process

SERVICE REQUEST FORM

Let us know what type of services you need. For prompt or immediate service, confirm our availability by email or phone.

Name _____ Date _____

1) SERVICE OF PROCESS — Standard Service

2) FILE DOCUMENTS — COURT LOCATION: N/A

3) SKIP TRACE

NAME/ALIASES

LAST KNOWN ADDRESS

OTHER INFORMATION

NAME OF PARTY TO BE SERVED

ADDRESS OF PARTY TO BE SERVED

PHYSICAL DESCRIPTION / NOTES

ADDITIONAL PARTIES? NO / YES

NAMES AND ADDRESSES OF EACH ADDITIONAL PARTY OR THEIR ATTORNEY OF RECORD

COUNTY: El Dorado ○ Placer ○ Sacramento ○ Yolo ● Other ○

Hearing Date _____ County (if Other) _____

PLAINTIFF/PETITIONER

DEFENDANT/RESPONDENT

NAME OF COURT

COURT ADDRESS

CLIENT INFORMATION

AFFILIATE REGISTRATION

AFFILIATE NO YES

COUNTY Sacramento

STATE CA

LAW FIRM / ATTORNEY **NO** **YES**

CLIENT ADDRESS

BEST PHONE NUMBER

ALTERNATE CONTACT NUMBER