SENTINEL

PRIVATE INVESTIGATIONS & NATIONWIDE PROCESS SERVICE, LLC

Veteran Owned & Operated Since 1998

888-824-4665
admin@pi-ps.com
www.pi-ps.com

PROCESS SERVICE REQUEST

Use one form per person/entity and service address. Upload the completed form and all service documents at admin@pi-ps.com or via web: **pi-ps.com**

*Fields marked with * are required. Do not submit full Social Security numbers.*

1. CLIENT / FIRM INFORMATION

Law Firm / Company *

Requesting Attorney *

Paralegal / Contact Person *

Direct Phone *

Email for Status Updates *

Client / Matter No.

Billing / PO Reference

Request Date *
MM/DD/YYYY

Invoice Email (if different)

2. CASE INFORMATION & SERVICE PRIORITY

Court / Jurisdiction *

County *

State *

Case Number *

Division / Judge

Plaintiff / Petitioner *

Defendant / Respondent *

Service Priority *

○ Routine ○ Rush ○ Same Day

Service Deadline *
MM/DD/YYYY

Hearing / Trial Date
MM/DD/YYYY

3. DOCUMENTS INCLUDED

Check all that apply *

☐ Summons ☐ Complaint / Petition ☐ Subpoena ☐ Notice ☐ Motion ☐ Order

☐ Writ ☐ Citation ☐ Eviction / R&P ☐ Other

Document Sets *

Total Pages

Witness Fee (if subpoena)

Originals Included?

○ Yes ○ No

Unless otherwise instructed on Page 2, proof of service will be returned by email. Rush and same-day requests are subject to availability and additional fees.

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Provide the best available identifying, access, and safety information. Attach a recent photograph when available.

4. PERSON / ENTITY TO BE SERVED

Party Type *

☐ Individual ☐ Business ☐ Registered Agent ☐ Government ☐ Other

Full Legal Name / Entity Name *

AKA / Title / Capacity

Primary Service Address *

Unit / Suite

City *

State *

ZIP *

Address Type

☐ Home ☐ Work

Phone Number

Date of Birth (optional)

Best Days / Times to Attempt

Alternate Service Address

City / State / ZIP

Employer / Business

Work Schedule / Business Hours

Identifying Details / Vehicle Description

Recent Photo Attached?

☐ Yes ☐ No

Known to Avoid Service?

☐ Yes ☐ No

5. ACCESS, SAFETY & SPECIAL INSTRUCTIONS

Check all that apply

☐ Gated / secured access ☐ Aggressive animals ☐ Known weapons ☐ Threats / violence history

☐ Building security / doorman ☐ Prior unsuccessful attempts ☐ Skip trace if address is bad

Gate Code, Safety Details, Prior Attempts, Return Instructions, or Other Special Instructions

6. AUTHORIZATION

☐ I certify that the documents are complete and the information supplied is accurate.

☐ I authorize Sentinel to proceed at the selected service level.

Authorized Name / Title *

Signature (type full name) *

Date (MM/DD/YYYY) *