

# **PAPER CHASERS LLC Service of Process Intake – Client Submission Checklist**

Client Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **1. DOCUMENTS**

- All documents to be served attached
- Correct number of copies provided
- Filing date (if applicable): \_\_\_\_\_
- Court case number: \_\_\_\_\_

## **2. SUBJECT INFORMATION (Person to Be Served)**

Full Legal Name: \_\_\_\_\_

Date of Birth (if known): \_\_\_\_\_

Physical Description (if known): \_\_\_\_\_

## **3. ADDRESS INFORMATION**

Primary Service Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

- Residential
- Workplace
- Alternate address provided

Best days/times for attempt (if known): \_\_\_\_\_

## **4. SPECIAL INSTRUCTIONS**

- Gate code / access instructions
- Safety concerns
- Avoid service at workplace

Other notes: \_\_\_\_\_

## **5. SERVICE TYPE REQUESTED**

- Standard (3 attempts)
- Rush (48-hour first attempt)
- Same-Day Attempt
- Skip Trace Requested

## **6. BILLING**

- Payment enclosed
- ACH / Invoice
- Card on file
- Approved firm billing account

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_