

# **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: \_\_\_\_\_