

Guaranteed Subpoena Service Service Request form

9220 SW Barbur Blvd. Suite 119-329, Portland, Or 97219.

Toll Free # (866) 616-0756 Local # (503) 646-5832 Fax # (503) 646-5836

Today's Date:: _____

Please complete this form for each entity being served. Print and submit by fax or mail with your documents for service. We will call you the minute your request is received.

Company Name: _____ Ph #: _____

Requested by: _____ Fax #: _____

Address: _____

Email: _____

TYPE OF SERVICES REQUESTED

PROCESS SERVICE ☐ Rush Service ☐ Routine Service ☐ File and Serve _____

Court: _____ Case#: _____ Hearing Date _____

Documents to be served: _____

Special Instructions: _____

DEFENDANT ADDRESS (PARTY TO BE SERVED) ALTERNATIVE ADDRESS

Name: _____ Business: _____

Address: _____ Address: _____

City & Zip: _____ City & Zip: _____

Ph#: _____ Ph#: _____

Additional info: _____ Additional info: _____

Defendant Description

DOB: _____ SSN: _____ CDL: _____ Marital Status: (S) (M) (D)

Physical Description: Ht: _____ Wt: _____ Hair: _____ Eyes: _____ M/F: _____ Race: _____

Vehicle Info: Year: _____ Make: _____ Model: _____ Color: _____ Lic#: _____

Other/ Misc. Information