

XPRESS LEGAL SUPPORT LLC  
PROCESS SERVICE FORM

Attorney/Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_ County: \_\_\_\_\_

Case #: \_\_\_\_\_ Client name/#: \_\_\_\_\_

Process Service                       Delivery

Rush, to be served by: \_\_\_\_\_

Service On/Deliver to (Name): \_\_\_\_\_

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

Personal Service Only                       Sub-service OK

POE Serve                       Post & Photo OK

List of documents to be served:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Person to be Served:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Glasses: \_\_\_\_\_

Facial Hair: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_

Vehicle(s): \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_