

XPRESS LEGAL SUPPORT LLC
Legal Courier Work Request Form
Office: 360-690-0027 Cell 360-721-6427

Date: _____ Attorney/Firm: _____

Contact Name: _____ Contact Phone: _____

Documents: _____

Case Name or #: _____ Client Name or #: _____

Filing Exparte Delivery Rush Return Same Day

Filing/Recording/Exparte County: _____

Superior Court District Court Auditor/Treasurer

Obtain signature from Judge (name): _____

Delivery (Same Day):

1. Judge/Attorney: _____

Attorney address (if not on envelope): _____

Delivery Time: _____

2. Judge/Attorney: _____

Attorney address (if not on envelope): _____

Delivery Time: _____

Pick up:

From (name): _____

At (address): _____

Special Instructions (if any):
