



Target Legal Support Services

INSTRUCTIONS FOR SERVE

We must have written and signed instructions by the Plaintiff or the Plaintiff's Attorney for court documents in accordance with California Civil Procedure 262.

_____ Vs _____
Plaintiff Defendant

DOCUMENTS SERVED MONDAY - FRIDAY 9:00 - 5:00

**Early Service starts at 7:00 a.m. on Tuesdays/Thursdays ONLY.
Late Service ends at 7:00 p.m. on Mondays/Thursdays ONLY.**

TYPE OF SERVICE REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> Citation | <input type="checkbox"/> Subpoena Civil/Criminal |
| <input type="checkbox"/> Claim of Defendant and Order | <input type="checkbox"/> Summons and Complaint/Unlawful Detainer/Petition |
| <input type="checkbox"/> Claim of Plaintiff and Order | <input type="checkbox"/> Temporary Restraining Order/Domestic Violence - Complete back |
| <input type="checkbox"/> Order of Examination | <input type="checkbox"/> Temporary Restraining Order/Harassment - Complete back |
| <input type="checkbox"/> Order to Show Cause | <input type="checkbox"/> Other: _____ |

PLEASE PROVIDE TWO (2) COMPLETE SETS OF SERVICE DOCUMENTS

(1) PERSON OR BUSINESS TO BE SERVED:

NAME: _____

ADDRESS: _____ SAN FRANCISCO, CA 941 _____

Best time for service: _____

(2) PERSON OR BUSINESS TO BE SERVED:

NAME: _____

ADDRESS: _____ SAN FRANCISCO, CA 941 _____

Best time for service: _____

Substitute Service: WE will serve anyone over the age of 18 at the given address. Check YES/NO YES NO

PLAINTIFF or ATTORNEY INFORMATION

Name: _____ Daytime Phone No.: _____

Address: _____ Cell Phone No.: _____

City: _____

State: _____ Zip Code: _____ Signature: _____

PLEASE NOTE: ONCE YOUR DOCUMENTS ARE PROCESSED OR AFTER AN ATTEMPT HAS BEEN MADE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL, WE ARE ENTITLED TO THIS FEE.

INSTRUCTIONS/DETAILS FOR SERVE

PLEASE PRINT CLEARLY**DESCRIPTION OF PERSON BEING SERVED****Answer the following questions about the person you want served.**

ANY CRIMINAL ACTIVITY? (DESCRIBE)	RACE / SEX: _____
	AGE/DOB: _____
	HEIGHT: _____
	WEIGHT: _____
ANY WEAPONS? (DESCRIBE)	HAIR: _____
	EYES: _____
ANY ADDITIONAL INFORMATION TO ASSIST IN IDENTIFYING THE DEFENDANT	SCARS: _____

	TATTOOS: _____

PLEASE PROVIDE TWO (2) COMPLETE SETS OF SERVICE DOCUMENTSCompleted forms can be returned by email (contact@servepapers247.com) or faxed to 877-863-1535.
Mailing address: 1230 Market Street #412, San Francisco, CA 94102