

SERVICE TYPE (CHECK BOX) :	<input type="checkbox"/>	RUSH	<input type="checkbox"/>	PRIORITY	<input type="checkbox"/>	SERVE	<input type="checkbox"/>	FILE & SERVE	<input type="checkbox"/>	SERVER (OFFICE USE ONLY):		
	<input type="checkbox"/>	PERSONAL SERVICE ONLY	<input type="checkbox"/>	DO NOT SERVE ON SUNDAY	<input type="checkbox"/>	FILE PROOF OF SERVICE W/ COURT	<input type="checkbox"/>		<input type="checkbox"/>			
Today's Date:							LAST DATE TO SERVE:					
CLIENT INFORMATION:						CASE INFORMATION:						
Name:							Hearing Date:					
E-Mail Address:							Court:					
Attorney/SBN:							County of:					
Firm:							Case No.:					
Address:							Judge:					
City, ST, Zip:							Dept./Div.:					
Phone(s):							Plaintiff:					
Client File #:							Defendant:					
Documents to Serve:												
Special Instructions:	<input type="checkbox"/>	<i>SEE ATTACHED</i>					Witness / Filing Fees:	\$	<input type="checkbox"/>	Attached	<input type="checkbox"/>	Please Advance
NAME OF PARTY TO SERVE:				RESIDENCE ADDRESS & TELEPHONE:				BUSINESS ADDRESS & TELEPHONE:				

PROCESS SERVER REPORT: <input type="checkbox"/> SERVED <input type="checkbox"/> NON-SERVED as of: _____ at: _____												
DATE SERVED:		TIME SERVED:		DATE MAILED:		FROM:		CASE FILED ON:		PROOF FILED ON:		
PERSON SERVED (NAME & TITLE): <input type="checkbox"/> PERSONAL SERVICE <input type="checkbox"/> SUBSTITUTE SERVICE <input type="checkbox"/> POSTING/MAILING												
SEX		RACE		AGE		HEIGHT	WEIGHT	HAIR		EYES	GLASSES	
DATE		TIME		RESULTS/DETAIL					E	T	MILEAGE	

DATE:	START TIME:	END TIME:	MAN HRS:
MILEAGE:	FEES ADV:	INVOICE CODE:	TOTAL:

Signature of Person Served: I acknowledge receipt of these papers.
X _____
RapidRPS.COM Toll Free: (877) 472-7431 Fax: (877) 329-1777 Client Support Center 500 N. Estrella Pkwy. #B2-441, Goodyear, AZ 85338

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