

1. Please type instructions. 2. Please fill out completely. 3. Retain TOP copy for your files.

No

1751

|   |   |  |
|---|---|--|
| Date:<br><b>LAW FIRM:</b><br>Attention:<br>Street Address:<br>City/State/Zip:<br>Phone #:<br>Case No:<br>Plaintiff:<br>Defendant:<br>Attorney File #: | <b>PLEASE:</b><br>FILE <input type="checkbox"/><br>SERVE <input type="checkbox"/><br>DELIVER <input type="checkbox"/><br>PHOTOCOPY <input type="checkbox"/><br>OTHER <input type="checkbox"/><br><b>RUSH ?</b><br>YES <input type="checkbox"/><br>NO <input type="checkbox"/> | <h2 style="margin:0;">Central</h2> San Diego Attorney Service<br>501 W. Broadway, Ste. A373<br>San Diego, CA 92101<br>(P) (619) 542-1477<br>(F) (619) 542-1339<br>E-mail: centralsandiego@yahoo.com<br>IRS. I. D. # 47-1944809<br>Member California Association of<br>Photocopiers and Process Servers |
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|  |   |
|--|---|
| <input type="checkbox"/> <b>COURT MESSENGER</b><br>DROP-BOX REQUESTS | <input type="checkbox"/> <b>PRIORITY DISPATCH</b><br>CALLED IN REQUESTS |
|--|---|

**DOCUMENTS:**  
 (please document exactly as it should appear on proof of service.)

Date : \_\_\_\_\_  
 Time : \_\_\_\_\_  
 Dept : \_\_\_\_\_  
 Trial Date : \_\_\_\_\_

|   |  |              |  |
|---|--|--------------|--|
| <b>COURT:</b><br><input type="checkbox"/> Superior (General Civil)<br><input type="checkbox"/> Superior (Limited Civil)<br><input type="checkbox"/> Domestic<br><input type="checkbox"/> District Court<br><input type="checkbox"/> Bankruptcy<br><input type="checkbox"/> Probate Court<br><input type="checkbox"/> Small Claims | <b>COURT:</b><br><input type="checkbox"/> Secretary of State<br><input type="checkbox"/> Court of Appeal<br><input type="checkbox"/> Workman's Comp<br><input type="checkbox"/> Recorder<br><input type="checkbox"/> Other | <b>DEPT:</b> | <b>LOCATION:</b><br><input type="checkbox"/> San Diego<br><input type="checkbox"/> Vista<br><input type="checkbox"/> El Cajon<br><input type="checkbox"/> So Bay<br><input type="checkbox"/> Other |
|---|--|--------------|--|

**SPECIAL INSTRUCTIONS:**

**PLEASE USE SPACE BELOW FOR SERVICE OF PROCESS REQUESTS**

**SERVE:** (please list name exactly as it is to appear on proof of service.)

|                  |                   |                    |                                 |                            |
|------------------|-------------------|--------------------|---------------------------------|----------------------------|
| Date of Hearing? | Last Day to File? | Last Day to Serve? | Filing Fee check Attached<br>\$ | Witness Fee Attached<br>\$ |
|------------------|-------------------|--------------------|---------------------------------|----------------------------|

|  |   |
|--|---|
| <b>BUSINESS ADDRESS</b><br><br><br>Phone # _____ | <b>RESIDENCE ADDRESS</b><br><br><br>Phone # _____ |
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OFFICE SPACE ONLY