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Request for Service of Process

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Company / Client Name:			Ph #: Fax #:					
Requested by:								
Address:	Emai	Email:						
City & Zip:	Acco	Account /Claim#:						
Court:	•	7	Service l					
PROCESS SERVICE	//							
PERSONAL SERVICE	SUBSTITUTE	ED SERVICE	NOTARIZE	Affidavit	FILE Affida			
Documents to be Serve	ed:							
Hearing Date if known:								
Special instructions:								
		\ [L				
Total Fees for Services F	Rendered Not To	Exceed \$	(Dollars) Wi	thout A	dvanced Authorization!!	
Party To Be S (*use second form if more)		s to be served		ternati	ve Addr	ess:		
Name:	8		Туре	of Address: _				
Address:				Address:				
City & Zip:		It D	City	& Zip:				
Ph#:			r o C _{Ph#:}					
Additional info:				Additional info:				
	Descr	iption (— — Of Party	To Be	Served			
DOB: SSN:		CDL:		Marital	Status: (S) (M) (D)		
Physical Description: Ht:	Wt:	Hair:	Eyes:	M/F:	Race:		Picture:	
Vehicle Info: Year:	Make:	Mod	del:	Color:	(CLP:		

Routine service includes a minimum of 3 attempts per party to be served and notarization of Affidavit Of Service (upon request). Rush service (72 hours or less), Same-Day-Service (immediate / full attention), and / or affidavit filing are an additional fee. No mileage fees for service within the Sioux Falls *service area (30 mile radius from business address: PO Box 56 Sioux Falls, SD 57101 / N43° 30.887', W096° 46.4697'). For service / travel outside service area add .50 per mile. Mileage fees are calculated / billed from the point of departure from regular service radius to address of party to be served, and vice-versa. In the event that I am required to appear in court I require an hourly fee of \$60.00 and .50 per mile of travel.