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PROCESS SERVICE REQUEST FORM

(Please print; complete and attach with your documents)

OFFICE FILE #: _____

DOCUMENT SERVICE CATEGORY (Small Claims, Provincial Court - Family, etc.).

COURT LOCATION: _____ COURT FILE #: _____

DATE DOCUMENTS DROPPED OF:

CLIENT NAME: _____ PHONE #: _____

ADDRESS:

E-MAIL ADDRESS: _____

DOCUMENT(S) TO BE SERVED:

PAYMENT METHOD: CREDIT CASH CHEQUE

CREDIT CARD #: _____ EXP DATE: _____

NAME ON CREDIT CARD: _____

DEFENDANT/RESPONDENT DETAILS

NAME: _____

ADDRESS OF SERVICE:

ALTERNATE ADDRESS: _____

PHONE #: _____

GENDER: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

RACE: _____ HAIR COLOR: _____ STYLE/LENGTH: _____

PHOTO OF DEFENDANT/RESPONDENT INCLUDED? YES _____ NO _____

VEHICLE DRIVEN: MAKE _____ MODEL _____ YR _____ COLOR _____

VEHICLE DRIVEN: MAKE _____ MODEL _____ YR _____ COLOR _____

Does the defendant/Respondent have any history of aggressive behaviour or violence? If yes please explain below.

YES _____ NO _____

BEST TIME TO SERVE THE DEFENDANT/RESPONDENT:

HELPFUL DETAILS/SPECIAL INSTRUCTIONS

I certify that the information provided above and on preceding page is true and to the best of my knowledge

Client Name: _____

Client Signature: _____

Date: _____