



Suite 300 – 3665 Kingsway, Vancouver BC, V5R 5W2
Phone: (778) 908 4995

PROCESS SERVICE REQUEST FORM

(Please print; complete and attach with your documents)

DATE: _____ 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:

FOR ALL PROVINCIAL COURT DOCUMENTS, PLEASE DROP OFF OR SEND US THE **RESPONDENT/DEFENDANTS COPY OF THE DOCUMENT(S) AND THE SERVICE COPY (for Small Claims) WHICH WILL BE RETURNED TO THE COURT FOR PROOF OF SERVICE.**

PAYMENT METHOD: CREDIT CASH CHEQUE

CREDIT CARD #: _____ EXP DATE: _____ 3 DIGIT CODE: _____

NAME ON CREDIT CARD: _____

DEFENDANT/RESPONDENT DETAILS

NAME: _____

ADDRESS OF SERVICE:

ALTERNATE/WORK
ADDRESS: _____

PHONE #: _____

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

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

PHOTO OF DEFENDANT/RESPONDENT INCLUDED? YES ___ NO ___

VEHICLE DRIVEN: MAKE _____ MODEL _____ YR _____ COLOR _____

LICENCE PLATE: _____

VEHICLE DRIVEN: MAKE _____ MODEL _____ YR _____ COLOR _____

LICENCE PLATE: _____

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:

Terms: Service includes 3 attempts at service upon one Defendant, Claimant; or Respondent at one address where the individual, resides, works or carries on business. Prepaid payment required from general public clients; payment due within 30 days for business clients. Allow minimum of 10 business days for completion of service. Rush service is subject to our scheduling demands and the service may not be available.

I certify that the information provided above and on preceding page is true and to the best of my knowledge. I authorize Priority Process Service to debit my credit card, as noted on page 1 of this form, for required payment for our services.

for all required payments.

Client Name: _____

Client Signature: _____ Date: _____