Franklin Paralegal Services LLC

Phone: 360-525-7866 Email: Franklinps@live.com

Today's Date					
Agency/Attorney	y Name				
Contact Person			Contact Number		
Street Address_					
City			_ State	Zip Code	
Case Name			_ Case #		
Number of sets to Serve	Serve by date	Last date for Filing	County	Court	Call, Email Or Fax when complete?
	Check any	that apply and/o Speed of Se	r provide instruct ervice: Includes 3	•	
Personal – B Substitute – with any current Corporate – Notarized Af	y delivering copy t By delivering copy co-resident, there By delivering copy fidavit of Service ons:	Manner of the named part of the named part of the residence, ein of suitable age of to the Registered (\$10.00 additional)	within 48 Hours) of Service: y in the action exiting the service of about the per rule of court of the applies of the service of the applies.	clusively. ode of party. Lea r authorized emp	iving copy
Name.			riace of Employ	ment.	
Description: Age M F Race HT: Approx. WT: Hair Color Distinguished marks:			Address: Phone:		
Address:			Vehicle(s) make & model		
Phone			Is he or she known to be violent? if yes, explain:		
		Do not write	below this line		
					Date: _ Hair Color