FPS Service of Process

Phone: 303-406-9383 Email: FPShelp@outlook.com

Phone: 303-406-9386

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		r provide instruct ervice: Includes 3 /		
Personal – Book Special Instruction	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 exit of the applies of the applies of the action of the applies of the action	clusively. ode of party. Lea authorized emp	aving copy
Person(s) to be served: Name:			Place of Employment:		
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