EXPRESSNETWORK
A LEGAL SUPPORT NETWORK COMPANY

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process@expressnetworkas.com

(888) 232-6077

Form#: -1

QC#:

Date: 2/23/2016

Firm Name:
Address:
City / Zip:
Tel: **Fax:**

Contact Name:
Direct Tel: **Ext.#:**
Email:
Billing Ref:

COURT SERVICES

☐ Filing ☐ Research/Copy ☐ Drop Off/Pick-Up ☐ Recording

CASE NAME

CASE #

Courts

ADDRESS

CITY / STATE / ZIP CODE TEL#

☐ Filing Window Dept.# _____ Courtroom# _____

DOCUMENTS

☐ Filing Fees Attached ☐ Advance Fees $ _____

☐ First Appearance Fee PAID on _____

☐ SAME DAY FILING ☐ NEXT DAY FILING

☐ Return by Messenger ☐ On Route ☐ Mail Back ☐ Fax / Email

SERVICE OF PROCESS

NAME OF PARTY BEING SERVED

☐ Business ☐ Residence

ADDRESS

CITY / STATE / ZIP CODE TEL#

☐ Personal Service ☐ Substitute Service ☐ Drop Service

PHYSICAL DESCRIPTIONS

DOCUMENTS

☐ Witness Fees Attached ☐ Advance Fees $ _____ Service Deadline: _____

NAME ON PROOF OF SERVICE

☐ Special (ASAP) ☐ Same Day ☐ Rush/Next Day ☐ Regular

MESSENGER SERVICE

PICK-UP FROM My Location

ADDRESS

CITY / STATE / ZIP CODE TEL#

SENDER'S NAME

☐ St. Shot * ☐ Rush (2-3 hrs) ☐ Deferred (4-6 hrs)

** Special - P/U after 2 p.m. for same day delivery. Special handling and/or Time restricted.*

DELIVER TO My Location

ADDRESS

CITY / STATE / ZIP CODE TEL#

ATTENTION TO

☐ **Return** Same Day ☐ **Return** Next Day ☐ No Signature Required OK to Leave

ADDITIONAL INSTRUCTIONS

Signature (Delivery) / Name of Person Served:	Print Name:	Time:	Driver1:
Signature (Return):	Print Name:	Time:	Driver2:
Driver Report:		Wait Time:	Weight: Lbs.

Reset Form