

ATTORNEY SERVICES OF EL DORADO COUNTY

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REQUEST FOR SERVICES

DATE:_____

CLIENT/FIRM
NAME:_____

ADDRESS:_____

PHONE:_____ FAX:_____

NAME OF COURT:_____

CASE NUMBER:_____ COURT DATE:_____

DOCUMENT TYPE:_____

PERSON(S) TO BE SERVED:_____

ADDRESS:_____

HOME PHONE:_____ CELL PHONE:_____

EMPLOYER:_____

ADDRESS/PHONE:_____

SPECIAL
INSTRUCTIONS:_____

PICK UP DATE:_____ EMERGENCY/SAME DAY REQUEST?_____YES_____NO

**FILL IN THE ABOVE INFORMATION AND THEN EITHER FAX OR MAIL TO
ATTORNEY SERVICES OF EL DORADO COUNTY.
THANK YOU.**