

Process Serving Instructions

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Attorney:

Date:

Court:

Case No:

Phone: ()

Case Title:

Documents To Be Served:

**In the event substituted service is required,
please provide 2 sets of each document to be served.**

Last Date To Serve:

Witness Fee Check Attached?

No ___ Yes ___ Amount \$ _____

Name of Party To Be Served:

**If service is upon a corporation or partnership, please
indicate name of partner, officer and title, or agent
for service.**

Home Address:

Phone: ()

Business Address:

Phone: ()

Physical Description:

Race: _____ **Sex:** _____ **Age:** _____ **Eyes:** _____ **Hair:** _____

Height: _____ **Weight:** _____

Other:

Special Instructions:

(if any)