



"Serving Puget Sound for Over 18 Years"

phone :(253) 682-1230

fax (253) 682-3335

PO BOX 1301

TACOMA, WA. 98401

### Process Request Form

Client Name: \_\_\_\_\_

Case Name \_\_\_\_\_

Client Phone: \_\_\_\_\_

\_\_\_\_\_

**Defendant**

Cause No.: \_\_\_\_\_

Name: \_\_\_\_\_

Court: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Documents: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

**Defendant Information** (optional, but very helpful!)

Age: \_\_\_\_\_

Court Date: \_\_\_\_\_

Approximate Height & Weight: \_\_\_\_\_

Serve By Date: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Service Information

Race: \_\_\_\_\_

post mail corp. her him abode

Sex: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Type of Vehicle: \_\_\_\_\_

only only

Vehicle License Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**Thanks for your business !**