

**SERVICE INSTRUCTIONS – SINGLES**

**INSTRUCTIONS TO ATTORNEY OR LITIGANT**

**PRINT ALL INFORMATION**

CHECK BOXES FOR THE DOCUMENTS YOU WANT SERVED

PROVIDE COMPLETE NAME & ADDRESS FOR PERSON OR ORGANIZATION TO BE SERVED

CASE NUMBER: \_\_\_\_\_

- SC-100: Plaintiff's Claim and Order (\$40)
- SC-120: Defendant's Claim and Order (\$40)
- SC-134: Order to Produce Statement of Assets and to Appear for Examination (\$40)
- AT-138/EJ-125: Application and Order for Appearance and Examination (\$40)
- SC-107: Small Claims Subpoena (\$40)
- SUBP-001: Civil Subpoena (\$40)
- SUBP-002: Civil Subpoena [Duces Tecum] (\$40)
- Summons & Complaint (\$40)
- Civil Bench Warrant (\$50)
- Other Documents: \_\_\_\_\_

**PERSON/ORGANIZATION TO SERVE:**

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Description: [ ] Male [ ] Female Race: \_\_\_\_\_ Age or D.O.B: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Safety Issues, Special Instructions, Best Time to Serve:

\_\_\_\_\_  
\_\_\_\_\_

**PERSON REQUESTING SERVICE:**

ALL COMMUNICATIONS, REFUNDS WILL BE MADE TO NAME & ADDRESS BELOW

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_