

MercuryPDX

More. Better. Faster.

Demand Couriers and Expeditors

PO Box 2274, Portland OR 97208

(503) 247 - 8484 or (800) 287 - 4065

www.mercurypdx.com

Service of Process Request Form

Please fill this out as completely as you can then email to service@mercurypdx.com. You will receive a confirmation email with your order number. You may attach a copy of your service documents with this email for our reference.

Your Name: _____

Your Firm Name: _____

Your Phone Number: _____

Reference/Client Matter# _____

Service level:

- Super Rush (first attempt same day)
 Rush (first attempt within 24 hours)
 Routine (first attempt within 72 hours)
 Deferred (first attempt within one week)

What are we serving?

- Summons/Complaint
 Subpoena
 Other (please specify) _____

Who are we serving?

- Individual(s)**
 Check if substituted or office service is acceptable
Name: _____
Address: _____
Phone: _____
- Company**
 Check if substituted or office serve is acceptable
Name of company being served: _____
Address: _____
Phone: _____
Name of Registered Agent: _____
Address: _____
Phone: _____

- Multiple parties are being served, continued on page 2 or separate sheet/email.

What are you providing us?

- One True Copy
 Original and a True Copy
 Check for Witness/Deposition
 Other (please specify) _____

Are you providing us with your proof of service form? Yes No

When Service Complete:

- Return Proof of Service to you
 MercuryPDX E-File Proof of Service with court.

Additional comments or requests:

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Complete if additional parties being served:

Individual(s)

Check if substituted or office service is acceptable

Name: _____

Address: _____

Phone: _____

Individual(s)

Check if substituted or office service is acceptable

Name: _____

Address: _____

Phone: _____

Individual(s)

Check if substituted or office service is acceptable

Name: _____

Address: _____

Phone: _____

Individual(s)

Check if substituted or office service is acceptable

Name: _____

Address: _____

Phone: _____

Company

Check if substituted or office serve is acceptable

Name of company being served: _____

Address: _____

Phone: _____

Name of Registered Agent: _____

Address: _____

Phone: _____

Company

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