



COURT SERVICE REQUEST

Date:

Service: Routine Rush/Immediate

Last Date to Complete:

CLIENT INFORMATION:

Firm:
Address:
Phone:
Email:

Contact:
City, State, Zip:
Fax:

SERVICE(S) REQUESTED:

- File & Conform
- File & Serve (attach SOP request)
- Research
- Record

COURT FEES:

- 1st Appearance Fee Paid
- Request Fees to be Advanced
- Check Attached in the Amount of \$

CASE INFORMATION:

Your Reference #:

Court:
Case #:
Plaintiff:

Branch:
Department:
Defendant:

DOCUMENTS: Attached To be Picked Up

SPECIAL INSTRUCTIONS:

1060 PALM STREET, SUITE D | SAN LUIS OBISPO, CA 93401

Phone (805) 439-1800

www.eLegalServicesInc.com

Fax (805) 439-1802