Gomez Professional Services, Inc.
595 North La Cadena Drive • Colton CA 92324
Tel 909.543.6240 • Fax 909.543.6237

OFFICE USE ONLY

ORDER TO SERVE PROCESS
COVER SHEET

FAX: (909) 543-6237 *or* **EMAIL: INFO@GOMEZPROSERVICE.COM**

ORDER DATE	LAST DATE TO SERVE	SERVICE TYPE: ○ ROUTINE ◉ RUSH	PAGES BEING SENT *(INCLUDING THIS COVER SHEET)*

YOUR CONTACT INFO (NAME)	MAILING ADDRESS *(include suite/apt/space #)*
TELEPHONE	
FAX	
EMAIL	

CASE INFORMATION

CASE #	PLAINTIFF/PETITIONER	DEFENDANT/RESPONDENT

DOCUMENTS TO BE SERVED	ADDITIONAL INFORMATION/INSTRUCTIONS

DEFENDANT/RESPONDENT ADDRESS

NAME

STREET ADDRESS *(INCLUDE APT/SPACE NUMBER)*

CITY & ZIP CODE

DEFENDANT #2 AT SAME ADDRESS*

NAME

DEFENDANT #3 AT SAME ADDRESS*

NAME

DEFENDANT #4 AT SAME ADDRESS*

NAME

ONE ORDER FORM PER CASE #/ADDRESS.

**Surcharge of $40 for each additional defendant at same address as first defendant. Use separate sheet of paper to list additional defendants at same address.*

Payment for service is required prior to order being assigned.

Use of this form creates a contract. Our liability is limited to $100 per order.

DEFENDANT/RESPONDENT IS *(or Personal Service on)*:

- ☐ IN THE MILITARY
- ☐ MINOR
- ☐ CONSERVATEE
- ☐ IN PRISON/JAIL
- ☐ OPPOSING COUNSEL

PHYSICAL DESCRIPTION OF DEFENDANT
(PROVIDE AS MUCH INFORMATION AS POSSIBLE)

AGE	SEX ○ MALE ○ FEMALE	ETHNICITY
HEIGHT *(Approximate)* FEET IN		WEIGHT *(Approximate)* LBS.
HAIR COLOR		EYE COLOR

OTHER IDENTIFYING INFORMATION (e.g. tattoos, birthmark, etc.)

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SERVED: Date ____/____/____ Time: _____ AM / PM
❑ POS Filed: ____/____/____ ❑ POS sent to Client ____/____/____
CLIENT NOTIFIED: ❑ Email ❑ Telephone ❑ Fax ❑ Other_____

ORDER REJECTED - REJECT NOTICE SENT

❑ Unable to contact client for payment. ❑ CC Declined.
❑ Check dishonored by bank. ❑ Other: _____