

Callahan Attorney Services

Service Request form

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Date: _____

Please complete this form for each person/entity being served and submit with your documents for service.

Company Name: _____ Ph #: _____

Requested by: _____ Fax #: _____

Address: _____

Email: _____

TYPE OF SERVICES REQUESTED

Court: _____ Case#: _____

PROCESS SERVICE **Rush Service** **Routine Service** **Specific date for service:** _____

Additional service instructions: _____

Documents to be served or filed: _____

COURT FILING instructions: _____

COURT RESEARCH instructions: _____

Special instructions: _____

DEFENDANT ADDRESS (PARTY TO BE SERVED)

ALTERNATIVE ADDRESS

Name: _____

Business: _____

Address: _____

Address: _____

City & Zip: _____

City & Zip: _____

Ph#: _____

Ph#: _____

Additional info: _____

Additional info: _____

Defendant Description

DOB: _____ SSN: _____ CDL: _____ Marital Status: (S) (M) (D)

Physical Description: Ht: _____ Wt: _____ Hair: _____ Eyes: _____ M/F: _____ Race: _____

Vehicle Info: Year: _____ Make: _____ Model: _____ Color: _____ Lic#: _____

Other/ Misc. Information _____
