



# GRYPHON CONSULTING SERVICES, LLC

## Process Service Request

Date of Request: \_\_\_\_\_

INVOICE NUMBER: \_\_\_\_\_

**FROM:** \_\_\_\_\_  
YOUR EXACT NAME AS IT APPEARS ON YOUR CREDIT CARD

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

Responsible Attorney/Manager: \_\_\_\_\_

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

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

\_\_\_\_\_ Case No.: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Case ID# \_\_\_\_\_ vs \_\_\_\_\_

Email: \_\_\_\_\_

**Special Instructions:**  
 DO TODAY  
 RUSH  Regular

**SERVE THESE DOCUMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**LAST DAY TO SERVE:** \_\_\_\_\_

**Miscellaneous Instructions:** \_\_\_\_\_

*Please Attempt Service At:*  
 RESIDENCE  
 BUSINESS

### PROCESS SERVICE INSTRUCTIONS

Subject's Name: \_\_\_\_\_  
*(Please indicate name exactly as it should appear on Proof of Service)*

Physical Description: AGE: \_\_\_\_ HEIGHT: \_\_\_\_ WEIGHT: \_\_\_\_ RACE: \_\_\_\_ SEX: \_\_\_\_ HAIR: \_\_\_\_ EYES: \_\_\_\_

Residential Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best Time for Service: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courthouse: \_\_\_\_\_

CLIENT COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_