

CLIENT INTAKE FORM

Process Service Request

SECTION 1: CLIENT INFORMATION

Client Name / Firm:	_____	Contact Person:	_____
Phone:	_____	Email:	_____
Fax:	_____	Client File #:	_____
Billing Address:	_____		
Matter / Case #:	_____		

SECTION 2: SERVICE INFORMATION

Case / Cause #:	_____
Court:	_____
County:	_____
Type of Case:	<input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Eviction <input type="checkbox"/> Subpoena <input type="checkbox"/> Other: _____
Documents to Serve:	<input type="checkbox"/> Summons & Petition <input type="checkbox"/> Subpoena <input type="checkbox"/> Writ <input type="checkbox"/> Notice <input type="checkbox"/> Other: _____
Rush Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Rush fees may apply)
# of Recipients:	_____

SECTION 3: RECIPIENT INFORMATION

Complete one section per recipient. Attach additional sheets if needed.

Full Name:	_____		
Address:	_____		
City / State / ZIP:	_____		
Approx. Age:	_____	DOB (if known):	_____

Physical Description:	Height: _____ Weight: _____ Hair: _____ Eyes: _____ Race: _____
Employment Info:	_____ _____
Work Address:	_____ _____
Vehicle Description:	Make: _____ Model: _____ Color: _____ Plate: _____
Best Time to Serve:	<input type="checkbox"/> Morning (6AM-12PM) <input type="checkbox"/> Afternoon (12PM-5PM) <input type="checkbox"/> Evening (5PM-9PM)
Known Associates:	_____ _____
Special Instructions / Safety Notes:	_____ _____ _____

SECTION 4: SERVICE PREFERENCES

Preferred Method:	<input type="checkbox"/> Personal service (hand delivery) <input type="checkbox"/> Any valid method (personal, substitute, certified mail)
Attempts Authorized:	_____
Date Service Needed By:	_____
Special Requirements:	_____ _____ _____

SECTION 5: FEE AGREEMENT

Contact Just Legal Solutions for current rates. Fees may vary by location and urgency.

Service Item	Fee	Notes
Standard Service Fee	\$ _____	Contact for rates
Rush Fee	\$ _____	If applicable
Mileage / Travel	\$ _____	Per mile rate
Additional Services	\$ _____	Describe: _____
Total Estimate	\$ _____	Before tax

Payment Method: Check Credit Card Invoice

SECTION 6: AUTHORIZATION AND SIGNATURE

I authorize Just Legal Solutions to serve process on the above-named recipient(s). I understand that:

1. I am responsible for providing accurate recipient information.

- 2. Service success depends on the accuracy of the information provided.
- 3. I agree to pay all fees as set forth in the Fee Agreement above.
- 4. Process service is governed by 12 O.S. Section 158.1 and related statutes.

Client Signature

Date

Print Name

OFFICE USE ONLY

Date Received:	_____	Assigned To:	_____
Fee Collected:	Yes / No	Amount: \$	_____
Notes:	_____ _____ _____		

IMPORTANT NOTICE

Just Legal Solutions is not a law firm. Joseph Iannazzi is not an attorney.
 This form provides procedural information only. No attorney-client relationship is created.
 Verify all procedural requirements with the appropriate court or qualified legal counsel.