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Please reference KNOX FILE#

PRIORITY  
 Affiliates Satewide  
 and  
 Nationwide

Stephen L. Knox  
 PRESIDENT  
 John Maguire  
 VICE PRESIDENT  
 Robert C. Porambo  
 DIRECTOR OF LEGAL SERVICES  
 IRS# 95-3057541

**PROCESS INSTRUCTION FORM**

Date:  Check Correct Box **SERVICE OF PROCESS**  **FILING**  **DELIVERY**  **COURT RESEARCH**  **SKIP TRACE**  **WRIT SERVICE**

**FIRM NAME AND ADDRESS:** \_\_\_\_\_ **CLIENT/BILLING INFORMATION**  
 ACCT#: \_\_\_\_\_ **APPROVED DIRECT INSURANCE BILLING**  
 CARRIER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE & ZIP: \_\_\_\_\_  
 ATTORNEY/BAR #: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ATTENTION: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ATTORNEY'S FILE NO.: \_\_\_\_\_  
 ADJUSTER: \_\_\_\_\_  
 INSURED: \_\_\_\_\_  
 CLAIM NUMBER: \_\_\_\_\_  
 REPRESENTING:  PL  PE  DE  RE  OTHER  DATE OF LOSS: \_\_\_\_\_

**COURT CASE INFORMATION**  
**COURT** \_\_\_\_\_ **CASE NO.** \_\_\_\_\_  
**CASE NAME** \_\_\_\_\_ **DATE OF HEARING:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_  AM  PM / DEPT. \_\_\_\_\_

**LOCATION INFORMATION** \$ \_\_\_\_\_  
**ENTITY TO BE SERVED/DELIVERED/FILED** \_\_\_\_\_ **DOCUMENTS/ITEMS**  
 FILING FEES/WITNESS FEES ATTACHED  
 S&C  S&C/UD  SUB  SUB/DT  
 OTHER: \_\_\_\_\_  
**SIGNATURE: X** \_\_\_\_\_  
 BUS RES ADDRESS AND TELEPHONE NUMBER  
 1   \_\_\_\_\_ 2   \_\_\_\_\_  
 PHONE NO. ZIP CODE PHONE No. ZIP CODE

**SPECIAL INSTRUCTIONS**  
**STATUS DUE BY:** \_\_\_\_\_ **CONFIRMATION**  
**LAST DAY TO SERVE:** \_\_\_\_\_ **CALL BACK REQUIRED:**

IS KNOX THE DEPO OFFICER?  YES  NO

**FOR OFFICE USE ONLY**

STATUS INFORMATION				CODE		CODE		CODE	
DATE SERVED	AM PM TIME SERVED	SERVER INITIALS	ACTIVITY CODE	SERVICE	AMOUNT	SERVICE	AMOUNT	SERVICE	AMOUNT
<input type="checkbox"/> I HAVE STATEDUSED CLIENT				1	DOCUMENT FEE	9	TELEPHONE	13	BAD ADDRESS
SPOKE TO: _____				2	COURT SERVICES (FILING)	10	MAILING	14	MILEAGE ATTEMPTS
DATE: _____ /TIME _____				3	DELIVERY	11	STAKE-OUT	15	FIELD LOCATE
<input type="checkbox"/> CC'S RET'D ON:				4	COURT SERVICES (RESEARCH)	11	WAITING TIME	16	DOCUMENT PREP
<input type="checkbox"/> P.O.S. RET'D ON:				5	SKIP TRACING	12	OVERNIGHT MAILING	17	PREPAID
<input type="checkbox"/> REQUIRED DROP:				6	SPECIAL OR RUSH	12	SPECIAL HANDLING (FAX)	18	CK #
				7	FEES ADVANCED	12	SPECIAL HANDLING (MILITARY)	19	OTHER
				8	CHECK CHARGE	12	SPECIAL HANDLING (PRISON)	20	OTHER