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Please reference KNOX FILE#



PRIORITY  
Affiliates Satewide  
and  
Nationwide

Stephen L. Knox  
PRESIDENT  
John Maguire  
VICE PRESIDENT  
Terry Ashman  
GENERAL MANAGER  
IRS# 33-0664190

SERVER: \_\_\_\_\_

**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**

ATTORNEY/BAR #: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_ FAX: \_\_\_\_\_  
ATTORNEY'S FILE NO.: \_\_\_\_\_

REPRESENTING:  PL  PE  DE  RE  OTHER

CARRIER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
ADJUSTER: \_\_\_\_\_  
INSURED: \_\_\_\_\_  
CLAIM NUMBER: \_\_\_\_\_  
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** \_\_\_\_\_

**SIGNATURE:** X \_\_\_\_\_

**DOCUMENTS/ITEMS**  
 FILING FEES/WITNESS FEES ATTACHED  
 S&C  S&C/UD  SUB  SUB/DT  
OTHER: \_\_\_\_\_

BUS RES ADDRESS AND TELEPHONE NUMBER  
1   \_\_\_\_\_

BUS RES ADDRESS AND TELEPHONE NUMBER  
2   \_\_\_\_\_

PHONE NO. ZIP CODE PHONE NO. ZIP CODE

**SPECIAL INSTRUCTIONS**

STATUS DUE BY: \_\_\_\_\_

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

IS KNOX THE DEPO OFFICER?  YES  NO

CONFIRMATION  
CALL BACK REQUIRED:

|   |             |                 |               | <b>FOR OFFICE USE ONLY</b> |                           |        |         |                             |        |         |                  |        |
|---|-------------|-----------------|---------------|----------------------------|---------------------------|--------|---------|-----------------------------|--------|---------|------------------|--------|
| AM PM   |             |                 |               | C O D E                    | SERVICE                   | AMOUNT | C O D E | SERVICE                     | AMOUNT | C O D E | SERVICE          | AMOUNT |
| DATE SERVED   | TIME SERVED | SERVER INITIALS | ACTIVITY CODE | 1                          | DOCUMENT FEE              |        | 9       | TELEPHONE                   |        | 13      | BAD ADDRESS      |        |
| <b>STATUS INFORMATION</b>   |             |                 |               | 2                          | COURT SERVICES (FILING)   |        | 10      | MAILING                     |        | 14      | MILEAGE ATTEMPTS |        |
|   |             |                 |               | 3                          | DELIVERY                  |        | 11      | STAKE-OUT                   |        | 15      | FIELD LOCATE     |        |
| <input type="checkbox"/> I HAVE STATEDUSED CLIENT<br>SPOKE TO: _____<br>DATE: _____ /TIME _____                                 |             |                 |               | 4                          | COURT SERVICES (RESEARCH) |        | 11      | WAITING TIME                |        | 16      | DOCUMENT PREP    |        |
|   |             |                 |               | 5                          | SKIP TRACING              |        | 12      | OVERNIGHT MAILING           |        | 17      | PREPAID          |        |
| <input type="checkbox"/> CC'S RET'D ON:<br><input type="checkbox"/> P.O.S. RET'D ON:<br><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            |        |