



S E R V I C E S
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Please reference KNOX FILE#



PRIORITY
 Affiliates Satewide
and
 Nationwide

Stephen L. Knox
 PRESIDENT
 John Maguire
 VICE PRESIDENT
 Terry Ashman
 AREA MANAGER
 IRS# 95-3057541
 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**
 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 TELPHONE 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 |
| <input type="checkbox"/> SPOKE TO: | | | | 2 | COURT SERVICES (FILING) | 10 | MAILING | 14 | MILEAGE ATTEMPTS |
| <input type="checkbox"/> CC'S RET'D ON: | | | | 3 | DELIVERY | 11 | STAKE-OUT | 15 | FIELD LOCATE |
| <input type="checkbox"/> P.O.S. RET'D ON: | | | | 4 | COURT SERVICES (RESEARCH) | 11 | WAITING TIME | 16 | DOCUMENT PREP |
| <input type="checkbox"/> REQUIRED DROP: | | | | 5 | SKIP TRACING | 12 | OVERNIGHT MAILING | 17 | PREPAID |
| DATE: _____ /TIME _____ | | | | 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 |