

## **Bridgeway Legal Process** Phone: (619)413-7133

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SERVICE OF PROCESS FORM – FAX OR EMAIL FO								INV.	#	
FIRM NAME:						DATE R	ECEIVED:	(	COURT:	
PHONE:						DOCUM	IENTS:			
FAX:										
ATTY / SEC	RETARY:			EXT.						
CHARGE REFERENCE / ATTY. CODE:						ADVAN	ADVANCE WITNESS FEES YES NO			
CASE NO:						LAST DA	LAST DAY TO SERVE			
SHORT TITLE OF CASE:							HEARING SET FOR: AT DEPT/DIV			
SERVEE									☐ TYPE OF SERVICE	
	(2.2.2								ROUTINE RUSH (DO TODAY)	
(PLEASE INDICATE NAME EXACTLY AS IT SHOULD APPEAR ON PROOF OF RESIDENCE ADDRESS:  BUSINESS ADDRESS:							ICE)		WITNESS FEES	
RESIDENCE ADDRESS. BUSINESS					S ADDRESS.			H	CHECK WRITTEN BY:	
TELEPHONE #:				TELEPHONE #: HOURS WORKED:					CLIENT ATM  AMOUNT: CHECK #:	
SERVER'S REPORT:									PERSONAL SERVICE	
Date	Time	Comments	8						SUBSTITUTE SERVICE POSTED MAILED Or circle NOT SERVED	
SPECIAL INSTRUCTIONS:										
AGE	HEIGHT	WEIGHT	RACE	HAI	R	EYES	SEX	ADD	DITIONAL	
DATE SERVED		TIME S	TIME SERVED			PROCESS SERVER			PERSON SERVED / TITLE	