

# LEGS LEGAL SUPPORT

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Contact Us

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Fax: (760) 945-7919

Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Routine     Rush

Complete By: \_\_\_\_\_

File Proof of Service

Court: \_\_\_\_\_

Individual (s) or Entity (s) to be Served:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_

If Gate, Code: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Description:

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Features: \_\_\_\_\_

\_\_\_\_\_

Car: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Documents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advance Fees    Amount: \_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LLS#: \_\_\_\_\_