

LEGS LEGAL SUPPORT

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P.O. Box 1326
Vista, CA 92085
Phone: (760) 945-7654

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#: _____