



GTH Services



~ JOB #: _____ . _____ . ____ ~

3815 S. Othello St. Ste. 100 PMB 109 ~ Seattle, WA 98118
Office Phone / Fax Line: 253.517.3556 ~ Company Cell Phone: 206.909.4140
admin@gthservices.biz

CLIENT / DOCUMENT INFORMATION

Firm Name:	_____		
Contact:	_____		
Address:	_____		

Cause #:	_____		
Case Name:	_____		
Documents:	_____		

Due Date:	_____	Court Date:	_____
Serve Type:	<input type="checkbox"/> Rush Serve	<input type="checkbox"/> Dangerous Serve	<input type="checkbox"/> Hard To Serve <input type="checkbox"/> Standard serve / posting

SERVE INFORMATION

Individual:	_____		
Company:	_____		
Addr. (Bus):	_____		
Addr. (Hm):	_____		
<input type="checkbox"/> Personal service only	<input type="checkbox"/> Serve co-resident adequate (min age: ____)	<input type="checkbox"/> Serve regardless	
<input type="checkbox"/> Post documents	<input type="checkbox"/> Serve corporation's responsible party	<input type="checkbox"/> File Declaration	

ATTEMPT / COMPLETION INFORMATION

Attempt #1: _____ . _____ ~ _____ : _____ (_____)

Attempt #2: _____ . _____ ~ _____ : _____ (_____)

Attempt #3: _____ . _____ ~ _____ : _____ (_____)

Attempt #4: _____ . _____ ~ _____ : _____ (_____)

Attempt #5: _____ . _____ ~ _____ : _____ (_____)

Notes: _____

LO - lights on inside	NL - no lights on inside	SI - sounds inside	NS - no sounds inside	NA - no answer
1A - male resident says subject no longer lives there		1B - female resident says no longer lives there		V - vacant property
2A - male resident says never heard of subject		2B - female resident says never heard of subject		NSA - no such address
3A - subject is not currently at address		3B - subject only receives mail at address		VP - vehicle plate

Serve Date:	_____ . _____ . _____	Serve Time:	_____ : _____	Served On:	_____
Approx. Age:	_____ yrs. old	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Race:	_____
Approx. Wt.:	_____ lbs.	Approx. Ht.:	_____ ' _____ "	Glasses:	<input type="checkbox"/> Y <input type="checkbox"/> N
Hair Length:	_____	Hair Color:	_____	Facial Hair:	_____

PROOF OF SERVICE

Signature: _____

Printed Name: _____

Title: _____ Service Date: _____ . _____ . _____

Client informed complete: _____ . _____ . _____ Name: _____ Invoice / Prepaid