



Toll Free: **877-779-6847**

Local: **714-921-3136**

Email: contact@southerncaliforniapi.com

Fees & Instruction Sheet

Service of Process Fee per Defendant (Fees Payable in Advance)

- ◆ **\$75 - Routine Service** documents mailed, faxed or e-mailed. First attempt made with in 48 - 72 hours of receipt. For most documents.
- ◆ **\$125 - Rush Service** documents mailed, faxed or e-mailed. First attempt with in 24 hours of receipt. For most documents.
- ◆ **\$150 - Same Day Service on documents supplied to our office.** Documents to be served on the same day as requested must be received by 12:00 p.m.
- ◆ **Special Service of Process** Call for rate or fee for any serves requiring special handling including appointment serves, serves requiring specific attempt dates & times, evasive or hard to serve defendants, or remote areas.
- ◆ **\$20 - Notary Fee** if required for your proof, affidavit, return or declaration.
- ◆ **Physical Address Locate.** Occasionally an address is not in a map book or computer mapping software as the address is too new. We have the ability to locate these addresses. Contact us for the fee.

Service includes preparation and return to your office via U.S. mail of the proof of service and any required due diligence forms. In case of non service or a bad address, a timely report will be forwarded containing attempt dates, times and address notes. Additional fees required for filing of the Proof of Service with the Court. Service fee includes a minimum of 3 attempts at one address per defendant or party to be served. Alternate addresses are additional fees. In the event that our process server / agent is needed to appear in the referenced matter we require an hourly fee of \$85.00 and .50 per mile of travel. By utilizing our services you agree to these terms

INSTRUCTIONS TO SUBMIT AN ASSIGNMENT:

1. **REQUEST FOR SERVICE:** Fill out all available information on page 2 -"Process Service Request Form. Remember the more information you provided the more we have to work with. Pictures and / or descriptions of the defendant are useful.
2. **PAYMENT:** If paying by Credit Card we accept Visa or MasterCard. The credit card authorization form must be submitted with your paperwork. If you are paying by check and are faxing or emailing the documents you must submit a copy of the check made payable to NTIS at the same time. Mail the check to the below address on the same date the documents were faxed or emailed.
3. **SUBMIT DOCUMENTS:** by fax, e-mail, U.S. Mail, or overnight service. Submit one set of documents for each party to be served, and one extra set for our records.

MAIL OR OVERNIGHT TO:

New Technologies Investigative Services
1442 E. Lincoln Ave., #105, Orange, CA 92865

Fax: **(714) 242-9331** — E-mail: contact@southerncaliforniapi.com

Toll Free: 877-779-6847 - Local: 714-921-3136



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Process Service Request Form

Date: _____

Company Name : _____ Phone #: _____

Client Name: _____ Fax #: _____

Address: _____

Email: _____

CASE INFO: Court: _____ Case Name: _____ Case#: _____

- PROCESS SERVICE: ___ Routine Service ___ Rush Service ___ Same Day Service ___ Special Service
- Additional service instructions: _____
- List all documents to be served: _____
- Number of parties to serve _____ Number of documents to serve: _____
- Special service instructions: _____

DEFENDANT ADDRESS (PARTY TO BE SERVED)

Name: _____
Address: _____
City & Zip: _____
Phone #: _____
Additional info: _____

ALTERNATIVE ADDRESS

Place of Employment or Other: _____
Address: _____
City & Zip: _____
Phone #: _____
Additional info: _____

Defendant Description

DOB: _____ SSN: _____ CDL: _____ Marital Status: ___S ___M ___D
Description: Sex ___ Race: _____ Ht: _____ Wt: _____ Hair: _____ Eyes: _____
Vehicle Info: Year: _____ Make: _____ Model: _____ Color: _____ CLP: _____

If you have additional information please supply on separate piece of paper. Use one form for each defendant.

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Credit Card Authorization Form

Please Print Legible

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Circle Credit Card to be used: (circle one) **VISA** **MASTERCARD**

Credit Card Number: _____

Exp. Date: _____ Card Validation Number (CVN): _____
(3 digit number on back of card signature line)

Printed Name on Card: _____

Billing Address: _____

Phone Number of Cardholder: _____

I authorize that the above referenced credit card be charged the amount of: \$ _____

for: **Service of Process:** ____ **Investigative Work:** ____ **Other:** _____

Signature of Cardholder

Date

New Technologies Investigative Services
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Return via Fax: **(714) 242-9331** or E-mail: contact@southerncaliforniapi.com

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