

# Jack Sandlin & Associates

## SERVICE OF PROCESS ORDER FORM

### Person or Entity to be Served:

Subject Name \_\_\_\_\_ S.S. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex \_\_\_\_\_

Current Address \_\_\_\_\_

Apt./Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Former Address \_\_\_\_\_

Apt./Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employment Address \_\_\_\_\_

Apt./Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Hair color \_\_\_\_\_ Eye color \_\_\_\_\_ Weight \_\_\_\_\_

Race \_\_\_\_\_

Other distinguishing marks/features \_\_\_\_\_

- May we attempt service at the place of employment? ( )Yes ( )No
- May we serve any person of authority? ( )Yes ( )No • May we make substitute service? ( )Yes ( )No
- Are there any witness fees associated with the person to be served? \* ( )Yes ( )No

Marital Status ( )S ( )D ( )M ( )W Spouse's Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

### Type of Service:

( ) **Standard:** \$65.00 (Two attempts to one person or entity at one address)

( ) **Expedited:** \$95.00 (Two attempts to one person or entity, at one address, within a 72 hour period from receipt of payment for services to be rendered)

( ) **Same Day:** \$125.00 (Two attempts to one person or entity within a 24 hour period from receipt of payment for services to be rendered)

### Special

**Instructions** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Attempts at Service of Process that exceed the above terms will be charged at an hourly rate of \$50.00 plus expenses.

**Client Information:**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Apt./Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Claim # \_\_\_\_\_ Attorney File # \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Case Information:**

Court/Venue \_\_\_\_\_ Docket or Case # \_\_\_\_\_  
Plaintiff \_\_\_\_\_  
Defendant \_\_\_\_\_  
Documents Enclosed: (Exactly as it should appear on Affidavit of Service)

- ( ) I have enclosed/forwarded two (2) copies of all papers to be served.**
- ( ) I have completed the Method of Payment Form.**
- ( ) I have included all witness fees, if applicable.**

\*NOTE: The amount and payment of all witness fees shall be the sole responsibility of the client. Unless paying by credit card, all witness fees shall be paid by the client, by bank draft, made payable to each witness. Such fees shall be received by us prior to performing service of process.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

*Please contact our office if you would like Jack Sandlin & Associates to independently verify the information provided, or if you would like to engage Jack Sandlin & Associates to perform investigative services or research.*

# METHOD OF PAYMENT FORM

*We do not allow open billing. Prepayment is required.*

## Please Indicate Your Method of Payment:

\_\_\_ Enclosed is my check/money order in the amount of \$\_\_\_\_\_ (Note: \$25.00 service fee on returned checks)

\_\_\_ Please charge my Credit Card (You may pay by Credit Card over the phone. Simply call 1-800-CALL-CASH and place the funds into the system for us. Paying us by credit card via Western Union is discreet, secure, and simple.



[Click here](#)

*I understand that I am placing an order or orders for investigative services or research utilizing electronic or mechanical databases. I also understand that **Jack Sandlin & Associates** may be performing a service based on information that I have provided. **Jack Sandlin & Associates** has not independently verified information provided by me or information obtained through such databases, and assumes no liability for the accuracy of any such information. Further, I fully understand that **Jack Sandlin & Associates** is providing a professional service and cannot guarantee a desired result. I agree that **Jack Sandlin & Associates** is held harmless for errors or omissions and cannot guarantee the accuracy or completeness of reports or the fees charged by any such databases. I understand that requests may not be cancelled and all payments for services are nonrefundable.*

*I also understand that in the event I retain **Jack Sandlin & Associates** to perform investigative services at an hourly rate, **Jack Sandlin & Associates** will cease its investigative efforts once the initial retainer is depleted unless further work is authorized in writing and an additional retainer deposit is received. I certify that all requests are submitted in accordance with the FCRA 91-509 and all other laws, including, but not limited to Federal and State privacy laws that may apply.*

**P.O. Box 47802 Indianapolis IN 46247 Telephone: (317) 791-1349**  
**TOLLFREE: 1-800-794-3880 FAX: 1-317-791-1326 [www.indypi.com](http://www.indypi.com)**