

Process Serving Instructions

316 Washington Ave. Vinton, Virginia 24179
866-89-SERVE / 540-52-SERVE / 540-527-3783
FAX: 540-375-6411

Attorney:

Date:

Court:

Case No:

Phone: ()

Case Title:

Documents To Be Served:

*In the event substituted service is required,
please provide 2 sets of each document to be served.*

Last Date To Serve:

Witness Fee Check Attached?

No ___ **Yes** ___ **Amount \$** _____

Name of Party To Be Served:

*If service is upon a corporation or partnership, please
indicate name of partner, officer and title, or agent
for service.*

Home Address:

Phone: ()

Business Address:

Phone: ()

Physical Description:

Race: _____ **Sex:** _____ **Age:** _____ **Eyes:** _____ **Hair:** _____

Height: _____ **Weight:** _____

Other:

Special Instructions:

(if any)