PROCESS REQUEST FORM

To: Beehive Attorney Service, LLC 5258 S. Pinemont Dr., Suite 210 Murray, UT 84123 (800) 779-0379 **Attn:** Wendy Stowers	**From:**
Date:	**Tel No.:**
Court:	**Attn:**
Plaintiff:	**Case No:**
Defendant:	**Sender's Ref. No:**

☐ **DO TODAY** ☐ **RUSH** ☐ **ROUTINE** ☐ **LAST DAY TO SERVE:** _____ _____

PLEASE: ☐ Serve ☐ File ☐ Serve then File ☐ File then Serve ☐ Issue then Serve

DOCUMENTS:

SERVE:

RESIDENCE ADDRESS:	**BUSINESS ADDRESS:**
Phone No.:	Phone No.:

DESCRIPTION: Age: Sex: Race: Hgt: Wgt. Hair Color:

IMPORTANT! SERVICE MUST BE MADE IN THE MANNER CHECKED BELOW:

☐ **PERSONAL SERVICE:** By personally delivering copies to the person being served.

☐ **SUBSTITUTED SERVICE AT RESIDENCE:** By personally delivering copies to the dwelling house or usual place of abode of the person (or authorized person on behalf of an entity) being served. Person receiving documents must be at least ____ years of age and should be informed of the general nature of the documents. If the documents are served in this manner, you should/ should not mail copies of same to the address where the papers were left. For additional requirements. If any, see below. May sub on _____ attempt.

☐ **SUBSTITUTED SERVICE AT BUSINESS:** By personally delivering copies to the office or place of business of the person (or authorized person) on behalf of an entity) being served. Person receiving documents must be at least _____ years of age and should be informed of the general nature of the documents. If the documents are served in this manner, you should/ should not mail copies of same to the address where the papers were left. For additional requirements, if any, see below. May sub on _____ attempt.

☐ **POSTING:** By posting copies in a conspicuous manner to the address of the person/entity being served. If the documents are served in this manner, you should/ should not mail copies of same to the address where the papers were left. For additional requirements, if any, see below. May post on _____ attempt.

☐ **NOTARIZED AFFIDAVIT** **FILING FEE ATTACHED: $** _____
☐ **USE OUR PROOF OF SERVICE (enclosed)** **WITNESS FEE ATTACHED:$** _____
☐ **RETURN PROOF BY OVERNIGHT DELIVERY (account number below)** **ADVANCE DEPOSIT ATTACHED: $** _____

SPECIAL INSTRUCTIONS:

Total fees for services rendered should not exceed $_____ without advance authorization.