



# Process Serving Instructions

Maryland Process Server

P.O. Box 591 North Beach, Md. 20714

**Client:**

**Date:**

**Court Name:**

**Phone:**  
**Contact:**

**Case No:**  
**Case Title:**

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**Documents to Be Served:**

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

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**Last Date to Serve:**

**Is Service Fee Attached?**

No  Yes  Amount: \$

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**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.

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**Home Address:**

**Phone:**

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**Business Address:**

**Phone:**

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**Physical Description:**

**Race:**

**Sex:**

**Age:**

**Eyes:**

**Height:**

**Weight:**

**Hair:**

**Beard:**

**Mustache:**

**Glasses:**

**Other:** \_\_\_\_\_

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**Special Instructions:** \_\_\_\_\_

(if any) \_\_\_\_\_

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MAKE CHECKS PAYABLE TO **METRO PROCESS**