

Process Serving Instructions

Metro Process

9 Lakeview Circle Greenbelt, Md. 20770

Phone: (301) 467-1290

WWW.MARYLANDPROCESS.COM

Client :

Date:

Court Name:

Phone:
Contact:

Case No:
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:

Is Service Fee 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:

Height:

Weight:

Hair:

Beard:

Mustache:

Glasses:

Other: _____

Special Instructions: _____

(if any) _____

MAKE CHECKS PAYABLE TO METRO PROCESS