

# STELLA OLIVAS PROCESS SERVICE

*Stella Olivas, RPS*

P.O. BOX 781  
TEMPLE CITY, CA 91780 USA  
626.203.7228 MAIN  
SOlivasPS@Gmail.Com



## SERVICES REQUEST FORM

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COURTHOUSE: \_\_\_\_\_

COURT CASE #: \_\_\_\_\_

CASE TITLE: \_\_\_\_\_

NEXT COURT DATE: \_\_\_\_\_

SOPS1 CASE NUMBER: \_\_\_\_\_

RPS ASSIGNED: \_\_\_\_\_

### TYPE OF INVESTIGATION REQUESTED:

(CHECK ALL THAT APPLY)

- PROCESS SERVICE
- "STAKE OUT" / WAIT TIME
- SKIPTRACING
- CMRA INFO REQUEST
- COURT APPEARANCE
- UNLAWFUL DETAINER
- RUSH SERVICE**

- COURT FILING / COURT RUNNER
- PARALEGAL / DOCUMENT PREPARATION SERVICES
- DECLARATION OF DUE DILLIGENCE
- OTHER: \_\_\_\_\_

TYPE OF DOCUMENTS TO SERVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE FILL OUT ONE FORM PER  
EACH SUBJECT

**SUBJECT INFORMATION:** (Please Be Complete As Possible)

Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Landline: \_\_\_\_\_ Cellular: \_\_\_\_\_ Business: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**SUBJECT DESCRIPTION:**

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Glasses:      NO      YES      Dominant Hand:      R      L

Other Identifying Scars / Marks / Tattoos: \_\_\_\_\_

Language(s) Spoken / Accents: \_\_\_\_\_

Education: \_\_\_\_\_

**Pictures Provided:**      Yes      No      (Circle One)

Subject's Occupation / Title: \_\_\_\_\_

Subject's Employer: \_\_\_\_\_

Miscellaneous Subject Information: \_\_\_\_\_

**VEHICLE DESCRIPTION:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Doors: \_\_\_\_\_ License Plate # & State: \_\_\_\_\_

After Market Parts / Stickers / Rims / Body Damage: \_\_\_\_\_

**ATTORNEY INFORMATION:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Landline: \_\_\_\_\_ Cellular: \_\_\_\_\_ Business: \_\_\_\_\_

Email: \_\_\_\_\_

**ADDITIONAL INFORMATION:** \_\_\_\_\_

**ADDITIONAL DOCUMENTATION ATTACHED:** Yes No (Circle One)

**CHECK ONE:**

I AGREE THAT ABOVE SERVICES WILL BE PROVIDED FOR A FLAT FEE OF: \$ \_\_\_\_\_

CLIENT ADVISED THAT THIS CASE MY REQUIRE ADDITIONAL WORK TO COMPLETE.

PLEASE SEE THE FIRMS RETAINER AGREEMENT FOR ALL TERMS OF SERVICE.

*I AGREE THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND I AUTHORIZE STELLA OLIVAS., STELLA OLIVAS PROCESS SERVICE., AND/OR ITS PROCESS SERVERS, AGENTS, EMPLOYEES TO PROVIDE THE ABOVE LISTED SERVICES. I AGREE THAT ANY AND ALL ADDITIONAL FEES ARE TO BE PAID WITHOUT THE RIGHT OF DISPUTE IMMEDIATELY UPON RECEIPT OF INVOICE.*

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_