

# Legal Support Services, LLC

# Service Request form

Professional Process Servers in Des Moines, IA  
2625 S 1st Street  
West Des Moines, IA 50265  
Phone: 515-267-8585  
[info@iowalegalsupport.com](mailto:info@iowalegalsupport.com)

Date: \_\_\_\_\_

**Please complete this form for each person/entity being served and submit with your documents for service.**

Company Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Requested by: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

## **TYPE OF SERVICES REQUESTED**

PROCESS SERVICE  Rush Service  Routine Service  Specific date for service: \_\_\_\_\_

Court: \_\_\_\_\_ Case#: \_\_\_\_\_ Hearing Date \_\_\_\_\_

Documents to be served:

Special Instructions:

## **DEFENDANT ADDRESS (PARTY TO BE SERVED)**

## **ALTERNATIVE ADDRESS**

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

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

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

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

City & Zip: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Ph#: \_\_\_\_\_

Ph#: \_\_\_\_\_

Additional info: \_\_\_\_\_

Additional info: \_\_\_\_\_

## **Defendant Description**

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ CDL: \_\_\_\_\_ Marital Status: (S) (M) (D)

Physical Description: Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ M/F: \_\_\_\_\_ Race: \_\_\_\_\_

Vehicle Info: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic#: \_\_\_\_\_

Other/ Misc. Information \_\_\_\_\_