



MR PARALEGAL SERVICES, LLC



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Process Service Agreement

This agreement, is created on this _____ day of _____, 20____, between MR Paralegal Services, and _____(Client)

Client's Address

I, _____, agree to hire MR Paralegal Services to serve process, specifically, _____

Type of Process being served

To _____
Name of Person being Served Process.

I agree that the fee to Serve the above stated Process will be the amount of \$ _____, and the 1st (FIRST) attempt to be on the date of _____, and will include a total of 3 (THREE) Attempts of Service at the location(s) known to be the usual place of abode and/or workplace (or other locations specifically listed on Person being Served information page), of the above mentioned Person being Served Process.

I understand and agree that the fee indicated above is due and payable at the time this agreement is executed and signed. I understand and agree that the fee indicated above is considered earned and will be non-refundable any time after travel by the Process Server to the 1st (FIRST) attempt location has commenced. I understand and agree that in the event that Process cannot be Served within 3 (THREE) attempts, due to, but not limited to, the Person being Served Process avoiding Service, the Person being Served Process not living at his/hers last known address, incorrect address's, etc., this agreement will be considered fulfilled and the fee paid will be considered earned and no refunds will be honored. If I so desire, a new agreement will need to be created to start a new series attempts to Serve Process on the Person being Served Process.

I understand, agree to, and accept all the above:

Client Signature

Date _____

MR Paralegal Services

Date _____

Person being Served Information

Name _____

Gender (Circle) Male Female Age _____ Height _____ FT _____ IN

Weight _____ Hair Color _____ Eye Color _____

Home Address _____

Home Telephone _____ Cell Phone _____

Days most likely to be at home (Circle) Sunday Mon Tues Wed Thurs Fri Saturday

Time of day most likely to be at home _____

Is Person being Served expecting this? YES NO Will they try to avoid me? YES NO

Names/Relationship to/Age of persons living in the home of the Person being Served

1. _____ 2. _____

3. _____ 4. _____

Other places I may be able to find Person being Served _____

Is the person to be served (Circle all that apply) Calm EasyGoing Quiet Aggressive

Violent Angry EasilyExcited Note any additional information that relates to their

demeanor or moods _____

Does the Person to be Served use, have, or carry any weapons? (Circle) YES NO

If YES, Explain _____

Workplace Name _____

Workplace Address _____

Workplace Phone _____ Supervisors Name _____

Days at Work (Circle) Sun Mon Tues Wed Thur Fri Sat Hours at Work _____

Vehicle Make _____ Model _____ Color _____ Year _____ License # _____