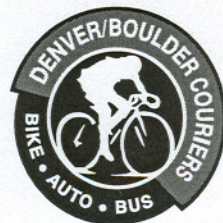


FAX 303-449-0407



Service of Process Order Form

Firm name: _____ Contact: _____

Phone: _____ Ext: _____ Date to be served by: _____

Person/Business Being Served: _____ Client Code: _____

Description of Person Being Served: Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

What are we serving? _____ (Ex. Subpoena, Summons/Complaint, etc.)

Who are we serving? business residence If we are serving a business, can we serve the manager or the highest ranking officer of the business? yes no

What if the person who's name is on the service is not there? Can we serve any resident over 18 years of age? yes no

Are they going to try and avoid the service? yes no

Address of party to be served:

Res: _____ Business: _____

Telephone: _____ Telephone: _____

Additional Info: _____

Special instructions: _____

Return of service provided? yes no

If yes, return of service must be given to the server at time of pickup. Clearly ID the return of service so we know which copy is to be notarized and returned.

Date: _____ By: _____

IF MAILING DOCUMENTS TO DBC, PLEASE SEND TO OUR BOULDER OFFICE