



Elite Investigations Process Service

7435 S. Eastern Ave. #5-284
Las Vegas, NV 89123
(Fax) 702-270-8650
702-897-8473
www.eliteinvestigations.com

Your Email Address: (To Send Status Notification)	
Your Name: (Person to Contact)	
Contact Phone Number:	
Your Client's File Number: (Internal Tracking Number)	
Today's Date:	

<h2>Service of Process</h2> <p>Email: service@eliteinvestigations.com</p>
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*PLEASE NOTE: TYPE EVERYTHING <i>EXACTLY</i> AS YOU WANT IT TO APPEAR ON YOUR AFFIDAVIT
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Plaintiff Name:	
Defendant Name:	
Person to Be Served	Title: <input type="text"/>
	Work Hours: <input type="text"/>
Home Address:	
Work Address:	
Case Name:	Case Number: <input type="text"/>
Court:	Court Division: <input type="text"/>

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Documents for Service:	<input type="checkbox"/> Summons <input type="checkbox"/> Complaint <input type="checkbox"/> Subpoena <input type="checkbox"/> Order Shortening Time <input type="checkbox"/> Temporary Restraining Order <input type="checkbox"/> Joint Preliminary Injunction	<input type="checkbox"/> Initial Appearance Fee Deposition <input type="checkbox"/> Notice of Taking Deposition <input type="checkbox"/> Subpoena Duces Tecum <input type="checkbox"/> Temporary Protective Order <input type="checkbox"/> Order to Show Cause
Special Instructions:		