

714-836-4444

714-836-4449



INVOICE NO. WEB

COURT SERVICE FORM
Tax ID #: 81-1101428

615 N. Bush St. #4278 Santa Ana, CA. 92701 O.C.PSC#3090

CLIENT AND CASE INFORMATION

ACCOUNT NO. _____ DATE _____ TIME _____

FIRM _____ COURT BRANCH _____

NAME _____ CASE TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____ CASE NO. _____

PHONE _____ DOCUMENTS _____

SEC./ATTY. _____

YOUR FILE NO. _____

FEES ATTACHED \$ _____

HEARING SET FOR _____ AT _____ DEPT./DIV. _____

HAS 1ST APPEARANCE FEE BEEN PAID? YES NO DATE _____ TIME _____

INSTRUCTIONS

FILE E-FILE CONFORM CERTIFY RECORD OTHER _____

PLEASE NOTE TIME REQUIREMENTS BY CHOOSING ONE OF THE FOLLOWING

RUSH: SAME DAY EXPRESS: NEXT DAY COLLECTIVE: THREE DAYS SCHEDULED

STATUTE DATE/LAST DAY TO FILE _____ RETURN BY _____

SPECIAL INSTRUCTIONS/COMMENTS

BILLING DESCRIPTION		
	COURT SERVICE	
	SPECIAL PICK-UP	
	ADVANCE (S)	
	CHECK CHARGE(S)	
	WAITING TIME	
	SPECIAL HANDLING	
	DOCUMENT PREPARATION	
	SPECIAL RETURN	
	RESEARCH/INDEX	
	HAND FILE/WALK THROUGH	
	TOTAL	\$

Court Link, is not responsible when incomplete or inaccurate information is given on this form. Liability limited to \$100.

Submit Form in Duplicate