



503-247-8484

Service of Process Request Form

Please fill this out as completely as you can then email to service@mercurypdx.com. You will receive a confirmation email with your order number. Please call 503-247-8484 if you have trouble or questions with this form.

- A copy of your service documents must be attached to your email with this form.
- If using an envelope, please do not seal, so the server can review to attest to exactly what was served.

Your Name: _____

Your Firm Name: _____

Your Phone Number: _____

Reference/Client Matter# _____

Service level:

Same Day (first attempt today) **Please order by noon. After 12:00pm this is on availability**

Rush (first attempt within 24 hours)

Routine (first attempt within 72 hours)

What are we serving?

Summons/Complaint

Subpoena

Other (please list docs as you would like them to appear on Declaration of Service):

Who are we serving?

☐ Individual(s)

Name: _____

Address: _____

Phone: _____

☐ Company

Name of company being served: _____

Address: _____

Phone: _____

Name of Registered Agent: _____

Address: _____

Phone: _____

Multiple parties are being served, continued on page 2 of this form or separate sheet/email.

Service methods allowed. (check one or more)

Serve by Governing Statute (ORCP, ORS, RCW, FRCP, etc.)

Substituted/Office Service (if needed – only used when Personal Service is not an option)

Personal Service only (not recommended unless statute mandates, can cause delay and price increase)

Posting/Other (please specify) _____

What are you providing us?

One True Copy

Original and a True Copy

Check for Witness/Deposition

Other (please specify) _____

When Service Complete:

Return Proof of Service to you by email MercuryPDX E-File Proof with court. (State of OR cases only)

Additional comments or requests:

Complete if additional parties being served:

☐ **Individual(s)**

Name: _____
Address: _____
Phone: _____
Notes: _____

☐ **Individual(s)**

Name: Name: _____
Address: _____
Phone: _____
Notes: _____

☐ **Individual(s)**

Name: _____
Address: _____
Phone: _____
Notes: _____

☐ **Individual(s)**

Name: _____
Address: _____
Phone: _____
Notes: _____

☐ **Company**

Name of company being served: _____
Address: _____
Phone: _____
Name of Registered Agent: _____
Address: _____
Phone: _____
Notes: _____

☐ **Company**

Name of company being served: _____
Address: _____
Phone: _____
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Notes: _____

Additional comments or requests: