CA Court Legal Service, LLC
El Dorado Hills, CA 95762
Office: (916) 530-2339
Fax: (916) 530-2289

Info@Cacourtlegalservices.com
Orders@CACourt-LegalServices.com
Website: www.CACourt-LegalServices.com

Mailing Address:
3385 Bass Lake Rd., Suite 100
El Dorado Hills, CA 95762

ORDER FORM - Litigation Support Services

Email: Orders@CACourt-LegalServices.com | Fax: (916) 530-2289

Submit with document list and any required authorization. Please wait for order confirmation.

CLIENT / MATTER INFORMATION

Order submitted (date / time)	**Client reference / PO number**
Client / firm / department	
Contact / case manager	**Phone / email**
Case name / parties	
Case number	**Court / county / state**

LITIGATION SUPPORT SERVICES - SELECT ALL THAT APPLY

- ☐ Service of process
- ☐ Court filing / e-filing
- ☐ Legal courier
- ☐ Record retrieval
- ☐ Medical / business records
- ☐ Scanning / copying
- ☐ Subpoena support
- ☐ Deposition officer support
- ☐ Mobile notary
- ☐ Skip tracing / address check
- ☐ Writ / levy coordination
- ☐ Other (specify below)

Service level (choose one):

- ☐ Routine (3-5 days)
- ☐ Priority RUSH (24 hrs)
- ☐ On-Demand (same day)

Requested completion date / time / time zone	**Court / statutory deadline / hearing date**

Timing and acceptance require confirmation. Identify any deadline separately from service priority.

SUBJECT / DESTINATION / SERVICE LOCATION

Person / entity / recipient	
Street address / unit	
City / state / ZIP	**Contact phone / access hours**
Agent / department / description of subject	**Alternate address / additional locations attached**

DOCUMENTS / SCOPE OF WORK

List documents, quantities, requested tasks, and special instructions; attach more pages as needed.

Total pages / documents / sets	**Attachments / exhibits / originals included**

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SERVICE-SPECIFIC INSTRUCTIONS

Client / firm / case reference	**Case number**

Process serving / filing / subpoena / deposition:

Party to serve / capacity / agent for service	**Court branch / department / filing type**
Witness / custodian / deposition location	**Appearance / production date, time & time zone**

Restrictions, service instructions, filing documents, witness fees, or deposition officer tasks:

Record retrieval / copying / scanning:

Custodian / facility / record date range	**Document titles / certified or plain copy quantities**
Authorization / subpoena / release attached	**Scan format / indexing / originals to return**

COMPLETION / DELIVERY / RETURN MAILING

☐ Email proof / confirmation ☐ Secure electronic delivery ☐ Mail / courier originals

Recipient / firm / attention	
Street / suite / PO box	
City / state / ZIP / country	**Recipient phone / email**
Carrier / service / client label or account	**Tracking / signature / delivery deadline**

FEES / BILLING / AUTHORIZATION

Quoted service fee / quote reference	**Court / witness / other fees approved (maximum $)**
Travel / shipping approved (maximum $)	**Total authorized amount ($) / billing contact**

☐ Contact me before exceeding approved total ☐ Invoice to requesting client / firm

I authorize the services and costs described above within the approved limits.

Authorized name / signature (typed or signed)	**Date**

Submit required documents and authority. Services are subject to acceptance and applicable requirements.
Do not enter card numbers or Social Security numbers. Send sensitive records through a secure channel.