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Client _____	Contact Name _____	Contact Phone _____
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Serve \_\_\_\_\_

Description: DOB \_\_\_\_\_ Age \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

SSN \_\_\_\_\_ Vehicles/Other \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Special Instructions \_\_\_\_\_

Rush Service       File/Issue Only       File/Issue and Serve

Last Day to Serve \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Summons                        | <input type="checkbox"/> Motion          | <input type="checkbox"/> Order           |
| <input type="checkbox"/> Complaint                      | <input type="checkbox"/> JTRO P/C        | <input type="checkbox"/> Interrogatories |
| <input type="checkbox"/> Affidavit                      | <input type="checkbox"/> Order to Attend | <input type="checkbox"/> Small Claims    |
| <input type="checkbox"/> TRO                            | <input type="checkbox"/> Letter          |  |
| <input type="checkbox"/> OTSC                           | <input type="checkbox"/> Notice _____    |  |
| <input type="checkbox"/> Subpoena _____                 | <input type="checkbox"/> Petition _____  |  |
| <input type="checkbox"/> Witness Fee \$ _____           | <input type="checkbox"/> Other _____     |  |
| <input type="checkbox"/> Give Witness Fee Only if Asked |  |  |

**Additional Notes:**

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