



SUBMISSION FORM TO ACTION SUBPOENA, INC.

TO: Action Subpoena, Inc Po Box 236 Riverdale, New York 10471 Ph (914) 963-1941 Fax (914) 963 0530

CONTACT NAME: _____

COMPANY NAME: _____

Address: _____

CITY/STATE/ ZIP: _____

WORK PHONE # _____

CELL PHONE # _____

E-MAIL ADDRESS: _____

FAX PHONE# _____

INDEX NUMBER OR CASE FILE DOCUMENTS _____

COURT STATE COUNTY _____

Please indicate the manner of service needed:

In Hand: _____ By personally delivering to copies to party being served

DO TODAY ROUTINE PLEASE: SERVE: _____

Substituted at Residence: _____ By personally delivering copies to the usual place of abode of the person being served. Person being serve must be at least _____ years of age. May sub on _____ attempt. Documents served this way should be mailed to the same address ___ Yes ___ No.

RUSH FILE; _____

Substituted at work _____ By personally delivering copies to the usual place of business of the person being served. Person being serve must be at least _____ years of age. May sub on _____ attempt. Documents served this way should be mailed to the same address ___ Yes ___ No.

EXPEDITED FILE THEN SERVE; _____

Posting _____ By posting copies in a conspicuous manner at the address of the person or entity being served. May post on _____ attempt. Documents served this way should be mailed to the same address ___ Yes ___ No

IS THE LAST DATE TO SERVE SERVE THEN FILE: _____

Corporate Service _____ To a corporate officer, corporate secretary or agent

INCLUDED FILING FEE OF\$ _____ WITNESS FEE OF\$ _____

NUMBER OF PARTY(IES) TO SERVE _____

NOTARIZE THE AFFIDAVIT YES _____ NO _____

NAME OF PARTY(IES) TO SERVE ADDRESS CITY/STATE/ZIP OTHER INFO/OR DESCRIPTION

SPECIAL INSTRUCTIONS:

Please fill in names and document EXACTLY as they should appear on proof of service

FEE INCLUDED \$ _____

If mailing documents please provide at least 2 copies of the documents