

DROP OFF SHEET

Date: _____

Plaintiff Information (your information):

Name: _____

Mailing Address: _____

Apartment / Unit / Floor Number: _____

City: _____

State: _____ Zip Code: _____

Phone Number: () _____ - _____

Defendant / Person being Served:

Name(s): _____

Address: _____

Apartment / Unit / Floor Number: _____

City: _____

State: _____ Zip Code: _____

Phone Number: () _____ - _____

Additional Information: _____

-----OFFICE USE ONLY-----

Pre-Payment: \$ _____ Mileage Amount: \$ _____ File Original: YES / NO

Cash: _____ Check #: _____ Picking up Return: YES / NO

Affidavit: _____