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# Professional Document Services, Inc.

**File**

**Serve**

**Deliver**

**Other**

## Firm Information Case Information

Date: _____ Firm: _____ Address: _____ _____ Firm File: _____ Attorney: _____ Contact: _____ Telephone: _____	_____ Unlimited      _____ Limited Court/Branch: _____ _____ Case Name: _____ _____ Case Number: _____ Fees Attached: _____ <b>DUE DATE:</b> _____
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## DOCUMENT

<input type="checkbox"/> Answer to Complaint	<input type="checkbox"/> Notice of Ruling	<input type="checkbox"/> Motion to Strike
<input type="checkbox"/> Cross-Complaint	<input type="checkbox"/> Request for Trial De Novo	<input type="checkbox"/> Post Jury Fees
<input type="checkbox"/> MSC Brief	<input type="checkbox"/> Motion to Compel Resp to Interrogs	<input type="checkbox"/> Request for Dismissal
Other: _____		
<input type="checkbox"/> _____		

## Billing Information Special Instructions

Carrier: _____ Address: _____ _____ Adjuster: _____ Claim Number: _____ Insured: _____ Date of Loss: _____	
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Field Notes:	ITEM	CHARGES
	RUSH FILING	
	OUT OF COUNTY	
	TIME SPENT	
	COURT SERVICE	
	PRO DOC ADVANCED	
	CHECK CHARGE	

SERVER:	DATE:	TIME:	ATTEMPTS:
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