

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

# METRO LEGAL SERVICES Request Form

Request Date: \_\_\_\_\_

Contact: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Billing Reference: \_\_\_\_\_

**VERY IMPORTANT!**

Please specify the exact date and time of your deadline!

Deadline Date: \_\_\_\_\_ Time: \_\_\_\_\_

Statutory Deadline Date: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please check the appropriate boxes. Please express office addresses, names and additional instructions as specifically as possible.

### SERVICE REQUESTED:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> SERVE PROCESS                | <input type="checkbox"/> REAL PROPERTY RECORDING | <input type="checkbox"/> OBTAIN PLAIN COPIES | <input type="checkbox"/> NATIONALLY ARRANGED SERVICE     |
| <input type="checkbox"/> COURT FILING                 | <input type="checkbox"/> REAL PROPERTY SEARCH    | <input type="checkbox"/> OBTAIN SIGNATURE    | <input type="checkbox"/> BRIEF BINDING/ COPYING          |
| <input type="checkbox"/> DELIVER                      | <input type="checkbox"/> COURTHOUSE SEARCHES     | <input type="checkbox"/> NOTARIZE            | <input type="checkbox"/> SKIP TRACE/ ASSET SEARCH REPORT |
| <input type="checkbox"/> PICK UP                      | <input type="checkbox"/> OBTAIN CERTIFIED COPIES |  | <input type="checkbox"/> SECRETARY OF STATE SERVICE      |
| <input type="checkbox"/> OTHER (Please Specify) _____ |  |  |  |

Additional instructions or helpful information: \_\_\_\_\_  
\_\_\_\_\_

Documents/ Items Involved: \_\_\_\_\_  
\_\_\_\_\_

Recipient: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work/Court/Office \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Best Time: \_\_\_\_\_

Phone: \_\_\_\_\_

Best Time: \_\_\_\_\_

I would like a confirmation call after service is complete.  Fees Provided (Specify) \_\_\_\_\_

By Phone By Email

I would like expedited return of the affidavit of service or other requested documents. When? \_\_\_\_\_  Advance Fees \_\_\_\_\_

**GUARANTEE: THERE WILL BE NO CHARGE IF WE ARE UNABLE TO COMPLETE YOUR REQUEST DUE TO CIRCUMSTANCES WITHIN OUR CONTROL.**

**We will do everything reasonably possible to effectively complete your request to your stated specification and deadline and/or to keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.**

616 South 3rd Street  
Minneapolis, MN 55415-1139



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1-800-488-8994

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