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# Saddleback Attorney Service, Inc.

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Date \_\_\_\_\_ Client File # \_\_\_\_\_

fees encls. check # \_\_\_\_\_ amt. \_\_\_\_\_

Firm \_\_\_\_\_

fees paid/waived

Attn: \_\_\_\_\_ Ph: \_\_\_\_\_

Court \_\_\_\_\_

FILE AND RETURN  FILE AND SERVE  
inv. \_\_\_\_\_

Branch \_\_\_\_\_

ISSUE & RETURN

Case # \_\_\_\_\_

FILE/ISSUE & FORWARD TO: \_\_\_\_\_

Title \_\_\_\_\_

RECORDER \_\_\_\_\_  
(specify)

### Documents:

MARSHAL  SHERIFF \_\_\_\_\_  
(specify)

OBTAIN COPY(S) HOW MANY \_\_\_\_\_  
certified copy(s) Yes No

Hrg Date \_\_\_\_\_ @ \_\_\_\_\_ AM  
PM Dept. \_\_\_\_\_

DELIVER DIRECTLY TO: \_\_\_\_\_

**P R I O R I T Y**  
(NEXT SCHEDULED COURT RUN)

ADD'L INSTRUCTIONS:

**LAST DATE TO  
FILE, IF ANY**

NOTE: SADDLEBACK ATTORNEY SERVICE, INC.  
ASSUMES NO LIABILITY FOR STATUTE DATES NOT  
CLEARLY INDICATED IN THE SPACE PROVIDED.

OFFICE USE ONLY					
c/c _____			Reason returned _____		
d/o _____ w/ _____			_____		
adv chk # _____	\$ _____	\$ _____	FEE 1 \$ _____	FEE 2 \$ _____	TOTAL \$ _____