



Process Serving Instructions

Office use only

Date received / /

Original Affidavit of Service to client

IDS to file Affidavit & copy to client

CLIENT DETAILS (please provide your details)

Title Firstname Surname

Organisation (if applicable) ABN #

Street address

Suburb State Postcode

Postal address

Suburb State Postcode

Telephone # Mobile # Email

Preferred method of contact → Telephone Mobile Your reference
Email Post

INDIVIDUAL OR ORGANISATION TO BE SERVED (please provide as many details as possible)

Title Firstnames Surname

OR Organisation

Current address

Suburb State Postcode

Home telephone # Mobile #

Employment details

Bus. telephone # Date of birth / / Age

Additional information

DOCUMENT DETAILS (please provide as many details as possible)

Type of documents to be served

Court hearing date / / Is the matter urgent? Yes No
(if applicable) (i.e. to be served within 24 hours)

Special instructions (if applicable)

