



INTAKE FORM

1. Are you a lawyer, paralegal or law/legal services firm? YES or NO
- A. Is this item going to another lawyer, paralegal or law/legal services firm YES NO
- B. Is this a legal aid file? YES NO
(Legal Aid files qualify for our Billing Deferral Program)

Services Requested

2. Is this a RUSH ORDER (24 hours or less) YES NO
- A. If no, please indicate the deadline for delivery: _____
3. Which service(s) are you requesting:
- Court Filing Services
- Process Serving
- Court filing + Process Serving
- Other: _____

Contact Information (Sender)

Name (Company or Contact person) _____

Address: _____

City: _____ ON Postal Code: _____

Phone number: _____ Email: _____

Best Method of contact: Phone Email

Billing contact person: _____

Email or fax to remit invoice: _____

