



# Suffolk County Sheriff's Department Civil Process Division

132 PORTLAND STREET, BOSTON, MA 02114 — TEL. 617-704-6999



STEVEN W. TOMPKINS  
SHERIFF

## SERVICE REQUEST DROP-OFF FORM

**(Note: Please PRINT CLEARLY)**

1.  PRO SE PLAINTIFF or  ATTORNEY Information: *(Please Check One)*

Name: \_\_\_\_\_

Address (including Apt #, Suite #, etc.): \_\_\_\_\_

Best Phone Contact Number (Required): ( ) \_\_\_\_\_ - \_\_\_\_\_

Phone for Text Message: ( ) \_\_\_\_\_ - FAX: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

2. DEFENDANT Information (the Party to be Served):

Name: \_\_\_\_\_

Address (including Apt #, Suite #, Floor #, etc.): \_\_\_\_\_

Best Phone Contact Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

3. Please describe any special instructions or circumstances to ensure proper delivery of Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **(FOR OFFICE USE ONLY)**

RUSH

Court Date is: \_\_\_\_\_

Serve By Date is: \_\_\_\_\_

Request Proof of Service:  Mail\*  FAX\*  Email

Call & Hold For Pick-up

IN-HAND Service is Required

Advance Payment: \$ \_\_\_\_\_

RUSH: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Approval Code: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

Method of Payment:

Credit / Debit Card

Cash

Money Order

Law Firm

Fee Waiver

Received by: SCSD Staff Member Initials / Date / \_\_\_\_\_

**\* Please see [www.suffolksheriffma.com/about/](http://www.suffolksheriffma.com/about/) for fee schedule**