



Suffolk Sheriff's Office

PRO SE COVER LETTER



Please fill out the following form and submit it along with your original documents to be served and prepayment* (bank check or money order) to the Suffolk County Sheriff's Office.

DATE: _____

PREPAYMENT AMOUNT: _____

PLAINTIFF INFORMATION

NAME: _____

STREET _____ CITY/TOWN _____

PHONE (REQUIRED) _____

EMAIL: _____

DEFENDANT(S) INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS _____ CITY/TOWN _____ ZIP _____

PHONE (IF AVAILABLE) _____

NOTES: _____

*Most services require a \$65 prepayment per service from which you may receive a refund if the cost of service is less than \$65. For special services (executions on money judgement, evictions, and capias) or if there are multiple defendants you need to serve please contact our office.

PLEASE MAIL THIS FORM ALONG WITH YOUR ORIGINAL COURT DOCUMENTS AND APPROPRIATE PAYMENT TO **132 PORTLAND STREET, BOSTON, MA 02114**. ALTERNATIVELY YOU MAY DROP OFF THE SERVICE AT OUR OFFICE AT THE PORTLAND STREET ADDRESS. FOR QUESTIONS REGARDING FEES OR IF THIS IS AN URGENT SERVICE PLEASE CALL 617-704-6999