

PLEASE FILL OUT THE INFORMATION BELOW TO ASSIST US IN OBTAINING PROPER SERVICE. WE MUST HAVE A PHONE NUMBER TO REACH YOU IN CASE THERE ARE ANY QUESTIONS.

PRO-SE / ATTORNEY DROP-OFF SLIP

PLAINTIFF'S NAME, ADDRESS AND PHONE NUMBER (person requesting service)

**

PHONE _____

DEFENDANT'S NAME & ADDRESS (person we are serving)

**

PHONE _____

ANY SPECIAL INSTRUCTIONS

FEE FOR SERVICE

PLEASE NOTE ****

THE CIVIL PROCESS OFFICE IS LOCATED AT 22 COTTAGE STREET IN BROCKTON. **OUR MAILING ADDRESS IS POST OFFICE BOX 1663, BROCKTON MA 02303. IF IT NEEDS TO BE SERVED IMMEDIATELY, YOU MUST SPEAK TO SOMEONE IN THE BROCKTON OFFICE TO MAKE THOSE ARRANGEMENTS (508) 580-2110 EXT 0.**