

Request for Service of Documents

In the Provincial Court of British Columbia

Court File No.:
Court Location:
BCFMA Case No.:

INSTRUCTIONS: If service of documents by the Sheriffs is required, the party making an application must submit a completed Request For Service of Documents form to the court registry along with the document(s) to be served. This form is used by the Sheriffs to locate and identify the party to be served.

Request for Service of Documents

DOCUMENTS TO BE SERVED (Check all boxes that apply)

- | | |
|--|--|
| <input type="checkbox"/> Application About a Family Law Matter | <input type="checkbox"/> Application About Priority Parenting Matter |
| <input type="checkbox"/> Application for Garnishment, Summons or Warrant | <input type="checkbox"/> Garnishing Order |
| <input type="checkbox"/> Summons To a Default Hearing | <input type="checkbox"/> Notice of Attachment |
| <input type="checkbox"/> Summons To a Committal Hearing | <input type="checkbox"/> Order |
| <input type="checkbox"/> Summons | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Subpoena to a Witness | _____ |

DOCUMENTS TO BE SERVED ON (Details of party to be served)

Name	Res. Phone	Bus. Phone
Address		Date of Birth
Employer		
Employer Address	Employer Phone	
Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X Height _____ Weight _____ Eyes _____ Hair _____ Build _____		
Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	Complexion _____ Ethnic Origin _____	Social Ins. No. _____
Identifying Marks / Tattoos _____		

Additional Information which may assist the sheriff in locating the party to be served:

☐ Photograph of party to be served enclosed (to be returned to court registry following service)

DETAILS OF PARTY MAKING APPLICATION (To be provided in case the Sheriffs require additional information)

If you do not want your residential address known to the other party, provide an alternate address and phone number where the registry can contact you.

Name	Res. Phone	Bus. Phone
Address	Date of Birth	

FOR REGISTRY USE ONLY

Sent to Sheriff's Office at _____ on _____ Date

Sheriffs: Please forward a Certificate of Service or an Affidavit of Attempted Service to

☐ the Court Registry at

Address

Phone _____

Fax _____

☐ BCFMA