



DAVID LISTON INVESTIGATIVE SERVICES
3800 Bridgeport Way W, Suite A-486 University Place WA 98466
253-212-0544 dave@dlistonpi.com Washington PI License 2908

SERVICE OF SUMMONS REQUEST

Action: Serve summons or legal notice to defendant(s) in the below named action.

Please fill out and submit this form attaching any additional documents.

Client Name:	Date:	
Client Address:	Firm phone:	
	Firm FAX:	
Case Name:	Client Email:	
Attached Information checklist: Police Accident Report <input type="checkbox"/> Complaint / Case # <input type="checkbox"/> Last known address <input type="checkbox"/> Co-Defendants <input type="checkbox"/> Court Order <input type="checkbox"/>	Cause No.:	
	Filed date:	Results requested by (date):
Defendant:Address #1:	Subject Phone:	
	Subject email:	
Address #2:	Drivers License/ State	
	Vehicle and License	
SSN of person sought (if available) - -	VIN	
Special instructions: _____ First attempt fee is \$50.00; includes 2 nd attempt if necessary. Mileage is free within 10-mile radius. _____ Each subsequent attempt shall be \$20 if necessary and approved by you in advance. Agency will not attempt more than twice total without client pre-approval. Mileage beyond 10-mile radius is .50 per mile.		



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This letter will confirm that you are employing DLIS on a one-time basis as a Private Investigator in the following case, to provide the services described on page one.

Summons Service rate is as stated in form above. In the event there is no deposit required, you will be invoiced at the conclusion of the assignment.

General investigations hourly rate and travel time is \$60.00 per hour and .50 per mile. I will invoice you for all of my professional time expended toward your case.

DLIS will furnish you with monthly statements for my professional services, which you will agree to pay upon receipt. A finance charge of 1.5% per month will accrue on all costs and fees 30 days or more past due.

DLIS will commence work in this matter upon receipt of a retainer in the amount of \$ _____, which will be applied each month to the fees incurred and billed. Any unused portion of your deposit will be refunded to you.

If any litigation rises from this agreement resulting in non-payment of fees, the prevailing party shall collect attorneys' fees and costs arising from the litigation. The laws of the State of Washington shall govern this Agreement. The jurisdiction and venue shall be in Pierce County, Washington.

If any litigation arises from this case at no fault of the investigator, the client shall pay all fees (including the regular hourly rate of the investigator) and costs for time involved in the litigation process.

This agreement shall be binding upon the client's heirs, executors, and personal representatives. Client hereby certifies that client has read and fully understands the forgoing agreement, and having no questions, hereby authorizes this investigation and agrees to the terms and conditions listed herein.

For David Liston Investigative Services,

For (client) _____
Please print

Signature

Date

Signature

Date