



CLIENT PROCEDURE INFORMATION

LAW FIRM NAME: _____

MAIN CONTACT: _____ TITLE: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ FAX: _____

1. WHAT TYPE OF COLLECTION SOFTWARE DO YOU USE? _____

2. DO YOU CURRENTLY UTILIZE ELECTRONIC IMPORT/EXPORT WITH YOUR PROCESS SERVER? (CIRCLE ONE) **YES NO**

IF YES ABOVE, PLEASE SEND US SAMPLES OF YOUR IMPORT/EXPORT FILES.
IF NO ABOVE, JIL WILL SEND YOU SAMPLES.

3. WILL NEW PLACEMENTS BE PICKED-UP FROM YOUR OFFICE BY JIL OR WILL THEY BE EMAILED TO JIL? (CIRCLE ONE) **YES NO**

IF YES ABOVE, PLEASE LET US KNOW THE ADDRESS TO PICK-UP FROM IF IT IS DIFFERENT THAN THE ADDRESS LISTED AT THE TOP OF THIS FORM _____

IF NO ABOVE, JIL WILL ADVISE THE EMAIL ADDRESS YOU SHOULD USE FOR NEW PLACEMENTS

4. DO YOU WANT SCANNED COPIES OF COMPLETED DOCUMENTS SENT TO YOUR OFFICE? (CIRCLE ONE) **YES NO**

IF YES ABOVE, PLEASE CIRCLE THE TYPE(S) OF DOCUMENTS THAT YOU WANT SCANNED COPIES --
AFFIDAVITS SUMMONS/COMPLAINTS WRITS SUBPOENAS

IF YES ABOVE, PLEASE ADVISE HOW JIL SHOULD RETURN THESE DOCUMENTS TO YOU (CIRCLE ONE)

A) DROP OFF HARD COPIES TO YOUR OFFICE, PLEASE LET US KNOW THE ADDRESS IF IT IS DIFFERENT THAN THE ADDRESS LISTED AT THE TOP OF THE FORM _____

B) VIA EMAIL TO THE FOLLOWING ADDRESS _____

IF VIA EMAIL CIRCLED ABOVE, PLEASE ADVISE WHICH FORMAT YOU WOULD LIKE

- (CIRCLE ONE) a) ONE COMBINED PDF FOR ALL DOCUMENTS WITHOUT ZIP
b) ONE COMBINED PDF FOR ALL DOCUMENTS IN A ZIP FILE
c) INDIVIDUAL PDF's FOR EACH DOCUMENT WITHOUT ZIP
d) INDIVIDUAL PDF's FOR EACH DOCUMENT IN A ZIP FILE

5. PLEASE ADVISE EMAIL ADDRESSES FOR SENDING THE FOLLOWING ELECTRONIC DOWNLOAD FILES (LEAVE BLANK ANY YOU DO NOT WISH TO RECEIVE) --

SERVICE INFORMATION/UPDATE _____

COURT INFORMATION/UPDATE _____

WRIT INFORMATION/UPDATE _____

COST INFORMATION _____

6. PLEASE ADVISE EMAIL ADDRESSES FOR AUTOMATIC EMAIL NOTIFICATIONS (LEAVE BLANK ANY YOU DO NOT WISH TO RECEIVE) --

CASE FILED _____

DEFENDANT SERVED _____

SET UP FOR A SKIP _____

NON-SERVE _____

WHICH DOCUMENTS DO YOU WANT INCLUDED IN THE ABOVE EMAIL NOTIFICATIONS?

(CIRCLE ALL THAT APPLY)

AFFIDAVITS SUMMONS/COMPLAINTS WRITS SUBPOENAS

AUTHORIZED SIGNATURE: _____ **DATE:** ___ / ___ / ___



CLIENT BILLING INFORMATION -- INTERNAL ONLY

LAW FIRM NAME: _____

BILLING CONTACT: _____ TITLE: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ FAX: _____

FEE SCHEDULE:

STATE COUNTY TYPE OF PAPER FEE

SPECIAL FEE INSTRUCTIONS: _____

BILLING INSTRUCTIONS: (CIRCLE ONE) **PRE-PAY** **WEEKLY** **BI-WEEKLY** **MONTHLY**

FORMAT OF BILL: (CIRCLE ONE) **EXCEL** **PDF**

WILL JIL RECEIVE AN EXCEL LINE ITEM BACK-UP FOR EACH PAYMENT?
(CIRCLE ONE) **YES** **NO**

AUTHORIZED SIGNATURE: _____ DATE: ____ / ____ / ____