
1 Instructions for the Service of Restraining Orders

1. Complete the attached Document Service forms and submit by fax, email, courier or personal delivery to our offices.
2. Upon receipt in our offices, the file will be sent to one of our professional Process Servers.
3. The Process Server will make up to three attempts to serve the documents. Please note not all services will be successful, though Consolidated Civil Enforcement prides itself on its number of successful document services.
4. Once service has been completed, or three attempts at service have been completed, our office will contact you by phone or email to make you aware of the results of the service.
5. Our office will then complete a sworn affidavit of service, affidavit of attempted service, or affidavit in support of subservice for your use. This affidavit is your proof that the documents were either served or the explanation for why we were unable to serve the documents. You will then need to file the affidavit accordingly.

2 Time Options for Service

Regular Service

- 4 to 7 working days for completion of service/three attempts at service.
- 6 to 10 working days for return of affidavit.

Rush Service (MOST COMMON FOR RESTRAINING ORDERS)

- Up to 3 working days for completion of service/three attempts at service. First attempt usually within 24 hours.
- 4 to 7 working days for completion and return of affidavit.

3 Documents Needed for Service

We require the following documents to be included in your Document Service package:

- Two copies of each of the following documents you require to be served (1 to be served, and 1 to attach to the affidavit):
 - Statement of Claim - *The information you provided to the courts to obtain your restraining order.*
 - Completed Affidavit - *The affidavit you provided to the courts to obtain your restraining order.*
 - Restraining Order - *The order provided to you by the courthouse.*

4 Retainer

A \$150 retainer is required on all Document Service files. This retainer is applied to the invoice for the cost of the service.

- The retainer may be VISA or MasterCard.

5 Service Costs

Service of Documents in town (Edmonton and Calgary)

- \$150.00 includes first three attempt, Up to 75 Process Server kilometers, all Process Servers phone calls & Affidavit of Service
- \$25.00 additional attempt
- \$25.00 additional parties, served same time, same place

Service of Documents out of town (within Alberta and not listed as an "In Town" service)

- \$200.00 includes first three attempts, up to 150 Process Server kilometers, all Process Servers phone calls & Affidavit of Service
- \$50.00 additional attempt
- \$0.80 per kilometer over flat fee

Additional Costs (If Applicable)

- Rush Service - \$50.00 per service
- Notary Public Fee - \$25.00 per affidavit

Courier Charges

- \$35.00 courier within Alberta, includes return
- \$20.00 courier overnight within Canada, one-way
- \$20.00 courier within city limits.

Document Service Division

Email :calgary@ccebailiff.ca or edmonton@ccebailiff.ca

Edmonton – 280 10123 – 99 Street, Edmonton, AB T5J 3H1

Phone: 780 448-5833 Fax: 780 448-0698

Calgary – 200 807 Manning Road NE, Calgary, AB T2E 7M8

Phone: 403 262-8800 Fax: 403 262-8801

**Complete this form in its entirety and attach your \$150 retainer
when submitting your documents for service**

- Edmonton** – Suite 280 10123 – 99 Street, Edmonton, AB T5J 3H1
- Calgary** – 200 807 Manning Road NE, Calgary, AB T2E 7M8

Phone: 780 448-5833
Phone: 403 262-8800

Fax: 780 448-0698
Fax: 403 262-8801

<p>Name of Person(s)/Company to be Served Name: _____ Address: _____ _____ Phone: _____</p> <p>2nd Person/Company to be Served Name: _____ Address: _____ _____ Phone: _____</p>	<p><input type="checkbox"/> REGULAR Service Deadline for Service _____ Deadline for Affidavit _____</p> <p><input type="checkbox"/> RUSH Service (additional fees incurred) Deadline for Service _____ Deadline for Affidavit _____</p>
<p>Alternate location for service</p> <p><input type="checkbox"/> Work Name: _____ Address: _____ _____</p> <p><input type="checkbox"/> Other _____ _____</p>	<p>Service to be completed by</p> <p><input type="checkbox"/> Personal Service only <input type="checkbox"/> Service on Registered Office <input type="checkbox"/> Service to Adult at Household (Court Order Required) <input type="checkbox"/> Service to Solicitor/Lawyer <input type="checkbox"/> Post Documents at Door (Court Order Required) <input type="checkbox"/> Substitutional Service (Court Order Required)</p>
<p>Documents to be served</p> <p>1. _____ _____</p> <p>2. _____ _____</p> <p>3. _____ _____</p>	<p>Other / Special Instructions</p> <p>_____ _____ _____ _____ _____</p>

The Instructing Party (Customer) agrees to pay for all services performed and invoiced by Consolidated within 30 days of the invoice date. Such services will be charged at the published rate. The Customer shall pay interest on overdue amounts at a rate of 18% per annum, calculated annually, not in advance. The Customer further agrees to provide deposits or other advances for services to be performed upon the request of Consolidated.

Name of Instructing Party

Date: _____ **Your reference #:** _____ **Contact:** _____

Instructing Party (Legal Name of Company): _____

Address: _____ (Postal Code)

Phone: _____ **Fax:** _____ **Email:** _____

Signature **Name (please print)**

For CCE Office Use Only

CCE File #: _____ **Process Server:** _____ **Date Opened:** _____



MasterCard/Visa Authorization Form

Today's Date	
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Retainer Amount:	
Cardholder Name:	
Card Number:	
Expiry Date:	
Additional charges incurred	By signing below I hereby authorize Consolidated Civil Enforcement Inc. to charge the above noted credit card for invoices incurred on this file. I agree to pay these charges and understand that Consolidated Civil Enforcement Inc. will forward me copies of the same marked as paid by credit card.
Card Holder Signature:	

ATTACH PHOTOCOPY OF FRONT AND BACK OF CREDIT CARD

For CCE Office Use Only

CCE File Number: _____ Authorization Date: _____

Authorization Number: _____ Authorizing RM: _____

CCE Invoice Payment

Invoice #: _____ Invoice Amount: _____ Authorization Date: _____

Invoice #: _____ Invoice Amount: _____ Authorization Date: _____