



SHELBY COUNTY CLERK'S OFFICE

DEBBIE STAMSON, COUNTY CLERK

PRIVATE PROCESS SERVER

150 WASHINGTON AVE. • SUITE 201 • MEMPHIS, TN 38103

PHONE (901) 545-4254 • FAX (901) 545-4215

Requirements for Appointments as Private Process Server

Applicant must execute and file in the County Clerk's Office the following:

1. Completed application
2. Background check release
3. Petition requesting appointment
4. Petition from (5) five attorneys
5. Proof of valid Business Tax license as required by TCA 67-4-701

(3) separate **Money Orders** totaling \$100.00

\$30.00 - payable to TBI

\$32.00 - payable to Shelby County Sheriff's Dept.

\$38.00 - payable to Debbie Stamson, Shelby County Clerk

6. Upon approval you must bring a \$15,000.00 bond in order to receive your appointment and ID.



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AFFIDAVIT

I, _____, being first duly sworn make oath as follows:

I, the affiant herein practice law before the General Sessions Court of Shelby County.

I, the affiant herein certify that on occasion, am unable to obtain reasonable and prompt service of process in causes of action brought before the courts of General Sessions.

I, the affiant further state that reasonable and cost efficient access to the courts could and would be facilitated by appointment of _____ as Private Process Server pursuant to T.C.A. 8-8-108.

Affiant

Sworn and subscribed before me on this _____ day of _____, 20_____.

My Commission Expires:

Notary Public



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APPLICATION FOR PRIVATE PROCESS SERVER

IMPORTANT: Any false statements made on this application shall be grounds for rejection of this application or for immediate and permanent revocation of any Private Process Server authority issued pursuant to this application.

Date Received _____

PPS Number _____

Rec Number _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Previous Resi. Addr.: _____ From: _____ to _____

Employer: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Employed From _____ Title: _____

Other Employer: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Employed From _____ Title: _____

Prev. Emp.: _____ Addr.: _____ From: _____ To: _____

Prev. Emp.: _____ Addr.: _____ From: _____ To: _____

U.S. Citizen: Yes ___ No ___ Naturalized: ___ / ___ / ___ TN Resident: Yes ___ No ___ How Long? _____

Married: Yes ___ No ___ Age: _____ DOB: ___ / ___ / ___ Place of Birth: _____

Height: _____ Weight: _____ Sex: _____ Race: _____ Hair: _____ Eyes: _____

SS# _____ - _____ Driver's License # _____ State: _____

(Private Process Application - Page Two)

Give five personal references who have know you for at least five years. Do not include relatives.

1. _____
 (Name) (Street) (City/State/Zip) Phone: Work/Home
2. _____
 (Name) (Street) (City/State/Zip) Phone: Work/Home
3. _____
 (Name) (Street) (City/State/Zip) Phone: Work/Home
4. _____
 (Name) (Street) (City/State/Zip) Phone: Work/Home
5. _____
 (Name) (Street) (City/State/Zip) Phone: Work/Home

EDUCATION

Elementary School: _____ From _____ to _____

High School: _____ From _____ to _____ Graduate? _____

Tech. School/College _____ From _____ to _____ Graduate? _____

MEDICAL

Have you ever been under a doctor's care for a nervous or mental disorder? _____

If yes, name of doctor _____ From _____ to _____ Place: _____

To what extent do you drink alcoholic beverages? _____

(Private Process Application - Page Three)

Have you had work experience with a city, state or federal law enforcement agency? _____

Agency: _____ From ____ / ____ / ____ to ____ / ____ / ____

Do you have current commission with any law enforcement agency?

Agency: _____ From ____ / ____ / ____ to ____ / ____ / ____

Have you had previous experience with an investigative agency or guard service?

Agency: _____ From ____ / ____ / ____ to ____ / ____ / ____

Have you ever been fingerprinted by a law enforcement agency?

Agency: _____ From ____ / ____ / ____ to ____ / ____ / ____

Have you ever been convicted or plead guilty to a felony charge? Yes ____ No ____

Date	Offense	City & State	Disposition
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Date	Offense	City & State	Disposition
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Date	Offense	City & State	Disposition
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List three (3) business firms as credit references:

1. _____

2. _____

3. _____

ATTACH PHOTO HERE

PLEASE READ BEFORE SIGNING

I hereby state that the information entered here is complete and true to the best of my knowledge. Any false statement, knowingly or willfully made will be reason to reject my application. I further agree to abide by the court rules and laws governing private process servers. This signature is to authorize a complete background investigation.

Signature

Date



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SHELBY COUNTY CLERKS OFFICE

**PRIVATE PROCESS SERVER APPLICANT'S
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Shelby County Clerk's office whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, employment and pre-employment records.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for issuance of authority for me to act as a private process server. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I also agree to pre-pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address.

All background information obtained pursuant to this release will be strictly confidential and will not be released to unauthorized persons. The background files will be maintained by the Shelby County Sheriff's Department and will be released only to the Shelby County Clerk and only then for the purpose of their acting upon applications for private process serving authority or when the clerk may be considering revocation or suspension of that authority.

SIGNATURE (including maiden name)

ADDRESS: _____

PHONE: _____

DOB: _____

SSN: _____

WITNESS: