

PROPOSAL SUBMITTAL LETTER

_____, Court Administrator

_____ Judicial District

Address:

Dear _____:

In response to your Request for Statement Qualifications (RFP), the following response is submitted.

In submitting this proposal, I hereby certify that:

1. the RFP has been read and understood;
2. I am in agreement with the Judicial Branch FRF Process Server Guidelines for Payment Process (Section Five) and Process Server Compensation (Section Six), contained therein.
3. I will comply with the Judicial Branch FRF Process Server Guidelines set forth in the RFP;
4. the proposal information requested by the RFP are as follows:

Process Server Registration Number: _____

Process Server Certification Expiration: _____

I propose to provide services at the following districts:

- | | |
|--|---|
| <input type="checkbox"/> Alamo Judicial District | <input type="checkbox"/> Pueblo Pintado Judicial District |
| <input type="checkbox"/> Aneth Judicial District | <input type="checkbox"/> Ramah Judicial District |
| <input type="checkbox"/> Chinle Judicial District | <input type="checkbox"/> Shiprock Judicial District |
| <input type="checkbox"/> Crownpoint Judicial District | <input type="checkbox"/> To'haajiilee Judicial District |
| <input type="checkbox"/> Dilkon Judicial District | <input type="checkbox"/> Tuba City Judicial District |
| <input type="checkbox"/> Dzil Yijiin Judicial District | <input type="checkbox"/> Window Rock Judicial District |
| <input type="checkbox"/> Kayenta Judicial District | |

5. I am submitting the attached documents to support my proposal:
 - Copy of Process Server Registration Card
 - Signed, current W-9 form
 - Certificate of Insurance, in compliance with requirements in the FRF Process Server Guidelines
 - Signed Debarment/Suspension certification form
6. this proposal is submitted by the individual that will be legally responsible for service delivery should a contract be awarded.

Signature

Date

Name of Signatory: _____

Title: _____ Phone: _____

Address: _____

Email Address: _____

Federal Employer ID# or SSN#: _____