

CIVIL PROCESS REQUEST FORM

CASENUMBER: _____ CURRENT COURT: _____

Name(s) of Documents to be served: _____

File Date: _____ Month/Day/Year

Service To Be Issued On (Please List Exactly As The Name Appears In The Pleading To Be Served):

Issue Service to: _____

Address of Service: _____

City, State & Zip: _____

Agent (if applicable): _____

TYPE OF SERVICE/PROCESS TO BE ISSUED: (Check the proper box)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Citation | <input type="checkbox"/> Citation by Posting | <input type="checkbox"/> Citation by Publication | <input type="checkbox"/> Citation by Rule 106 |
| <input type="checkbox"/> Citation Scire Facias | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Temporary Restraining Order | <input type="checkbox"/> Precept |
| <input type="checkbox"/> Notice | <input type="checkbox"/> Protective Order | <input type="checkbox"/> Secretary Of State Citation | <input type="checkbox"/> Capias |
| <input type="checkbox"/> Attachment | <input type="checkbox"/> Sequestration | <input type="checkbox"/> Subpoena | <input type="checkbox"/> Other (Please Describe) |

Service by (select one):

Attorney Pick-Up (Phone or email) _____

Email/Mail to Attorney at: _____

Certified Mail by District Clerk

Civil Process Server- Authorized Person to Pick-up: _____

Other, explain _____ Phone: _____

Note: Additional Fees may apply.

Issuance of Service Request By:

Attorney/Party Name: _____ Bar# or ID _____

Mailing Address: _____

Phone Number: _____