



Dwight D. Sullivan

County Clerk Galveston County

REQUEST FOR ISSUANCE OF SERVICE

Date Requested: _____

Case Number: _____

Court: _____

Type of Instrument to be served: _____

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 TO BE ISSUED:

Non Writs:

- | | | | | |
|-----------------------------------|---|---|--|--|
| <input type="checkbox"/> Citation | <input type="checkbox"/> Alias Citation | <input type="checkbox"/> Pluries Citation | <input type="checkbox"/> Citation by Publication | <input type="checkbox"/> Secretary of State Citation |
| <input type="checkbox"/> Notice | <input type="checkbox"/> Precept | <input type="checkbox"/> Rule 106 Service | <input type="checkbox"/> Subpoena | |

Writs:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Attachment (Person) | <input type="checkbox"/> Attachment (Property) | <input type="checkbox"/> Order of Sale | <input type="checkbox"/> Certiorari |
| <input type="checkbox"/> Garnishment | <input type="checkbox"/> Habeas Corpus | <input type="checkbox"/> Injunction | <input type="checkbox"/> Temporary Restraining Order |
| <input type="checkbox"/> Possession (Person) | <input type="checkbox"/> Possession (Property) | <input type="checkbox"/> Abstract of Judgment | <input type="checkbox"/> Protective Order |
| <input type="checkbox"/> Scire Facias | <input type="checkbox"/> Sequestration | <input type="checkbox"/> Supersedeas | |
| <input type="checkbox"/> Other (Please Describe): _____ | | | |

UPON ISSUANCE OF SERVICE: (CHECK ONE ONLY)

Send to Sheriff

Note: Citation(s) to be served by Constable will be RETURNED TO REQUESTOR to make arrangements to deliver and make payment for service directly with the Constable

Civil Process Server (Include the name of the Authorized Person to pick-up): _____

Call attorney for pick up (Phone Number): _____

Mail to attorney at: _____

(Please include a self addressed stamped envelope): _____

County Clerk serve by certified mail

ISSUANCE OF SERVICE REQUESTED BY:

Attorney/Party Name: _____

Law Firm (if applicable): _____ Bar Number: _____

Address: _____

Phone Number: _____ Email Address: _____

*****Service will only be issued upon payment of costs*****

Date Fees Paid: _____ Amount: _____ Method of Payment: _____

Signature of Attorney Requesting service: _____