



JOHN D. KINARD

DISTRICT CLERK GALVESTON COUNTY

REQUEST FOR ISSUANCE OF SERVICE

Case Number: _____ Court Description: _____

Name(s) of Documents 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:

<input type="checkbox"/> Citation	<input type="checkbox"/> Citation by Posting	<input type="checkbox"/> Citation by Publication	<input type="checkbox"/> Citation Rule 106 Service
<input type="checkbox"/> Temporary Restraining Order	<input type="checkbox"/> Precept	<input type="checkbox"/> Notice	<input type="checkbox"/> Secretary of State Citation
<input type="checkbox"/> Protective Order	<input type="checkbox"/> Citation Scire Facias	<input type="checkbox"/> Attachment	<input type="checkbox"/> Certiorari
<input type="checkbox"/> Garnishment	<input type="checkbox"/> Habeas Corpus	<input type="checkbox"/> Injunction	<input type="checkbox"/> Sequestration
<input type="checkbox"/> Subpoena			
<input type="checkbox"/> Other (Please Describe): _____			

All service fees for Sheriff and Constable are collected by the clerk of court at the time of request.

UPON ISSUANCE OF SERVICE: (CHECK ONE ONLY)

Send to Sheriff

Galveston County Constable Name and Address _____

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

Call attorney for pick up (Phone Number): _____

Mail to attorney at: _____

Email Service to: _____

District Clerk serve by certified mail _____

Send to League City

ISSUANCE OF SERVICE REQUESTED BY:

Attorney/Party Name: _____

Phone Number: _____ Email Address: _____