



JOHN D. KINARD
DISTRICT CLERK GALVESTON COUNTY

REQUEST FOR POST JUDGMENT SERVICE - This form will be attached to Writ/Order of Sale
All issuance and in-county Sheriff or Constable Fees are collected by the clerk at time of filing

<input type="checkbox"/> WRIT EXECUTION	<input type="checkbox"/> WRIT EXECUTION & ORDER SALE	<input type="checkbox"/> ABSTRACT OF JUDGMENT
<input type="checkbox"/> WRIT OF EXECUTION FOR TURNOVER	<input type="checkbox"/> WRIT OF POSSESSION	<input type="checkbox"/> TAX WARRANT
<input type="checkbox"/> OTHER		
Writ is Returnable in (Check One)	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days
		<input type="checkbox"/> 90 Days

CASE NUMBER	COURT
STYLE OF CASE	
Date of Judgment issuance requested on:	
Judgment Credits	

Judgment Creditor Name:	
Judgment Creditor Address:	
The information provided as to Judgment debtors will be used by Galveston County Sheriff or Constable in serving all Writs/Orders of Sale for execution purposes. Please provide this critical information.	

JUDGMENT DEBTOR

1 st Named Judgment Debtor	
Physical address (address for executing service) – Excluding P.O. Boxes	

JUDGMENT DEBTOR

2nd Judgment Debtor	
Physical address (address for executing service) – Excluding P.O. Boxes	

- **Attach additional form to include Additional Judgment Debtor information**

Request hereby made for the clerk of court to route/delivery issued service by the following selected method	
<input type="checkbox"/> E-mail to following address:	
<input type="checkbox"/> Send to Sheriff Department:	
<input type="checkbox"/> Mail to Constable at:	
<input type="checkbox"/> Other:	

REQUESTED BY:	
Attorney/ Judgment Creditor Name	
E-mail address	Phone Number: