



# JOHN D. KINARD

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## DISTRICT CLERK GALVESTON COUNTY

### REQUEST FOR POST-JUDGMENT SERVICE

<input type="checkbox"/> WRIT OF EXECUTION	<input type="checkbox"/> EXECUTION AND ORDER OF 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 _____		
Returnable In (Check One): <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days		

Cause Number: \_\_\_\_\_ Court \_\_\_\_\_  
 Style: \_\_\_\_\_  
 \_\_\_\_\_

#### **JUDGMENT AWARDED IN FAVOR OF:**

Judgment Creditor Name: \_\_\_\_\_  
 Judgment Creditor Address : \_\_\_\_\_  
 Judgment Date: \_\_\_\_\_

#### **JUDGMENT AWARDED AGAINST:**

Judgment Debtor's Name: \_\_\_\_\_  
 Judgment Debtor's Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 TDL & SS:(Last three of TDL and last 4 of SSN#) \_\_\_\_\_  
 Judgment Credits: \_\_\_\_\_

*All service fees are collected by the clerk at the time of filing.*

#### **Upon issuance of service: (check one only)**

<input type="checkbox"/> Send to Sheriff
<input type="checkbox"/> Send to Galveston County Constable Name and Address _____
<input type="checkbox"/> Call attorney for pick up
<input type="checkbox"/> Email Service to: _____
<input type="checkbox"/> Mail to attorney _____
<input type="checkbox"/> Send to League City

#### **REQUESTED BY:**

Attorney or Judgment Creditor Name: _____
Phone Number: _____ Email Address: _____