



# JOHN D. KINARD

## DISTRICT CLERK GALVESTON COUNTY

### REQUEST FOR ISSUANCE OF SERVICE

Date Requested: \_\_\_\_\_

Case Number: \_\_\_\_\_

Court Description: \_\_\_\_\_

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"/> Attachment (Witness)      | <input type="checkbox"/> Certiorari                  |
| <input type="checkbox"/> Garnishment (Prejudgment)      | <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"/> Protective Order (Family) | <input type="checkbox"/> Protective Order (Civil)    |
| <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): \_\_\_\_\_

District 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: \_\_\_\_\_