SAN PATRICIO COUNTY SERVICE REQUEST SHEET

CAUSE NUMBER: _____ DATE: _____

STYLE OF CASE: _____

*****REQUIRED*****

NAME OF DOCUMENT TO BE ATTACHED TO ISSUANCE

_____

_____

TYPE OF ISSUANCE ($8 FEE PER ISSUANCE)

( ) CITATION ( ) PRECEPT ( ) SUBPOENA (USE SUBPOENA FORM)

( ) TEMPORARY RESTRAINING ORDER ( ) WRIT OF _____

( ) ABSTRACT JUDGMENT ( ) OTHER _____

*****COPIES TO ATTACH TO YOUR ISSUACE ARE $1 PER PAGE*****

NAME OF PARTY TO BE SERVED

1. NAME: _____

   ADDRESS: _____

   CITY, STATE, ZIP: _____

2. NAME: _____

   ADDRESS: _____

   CITY, STATE, ZIP: _____

SERVICE TYPE (FEE IS PER ISSUANCE)

( ) SAN PATRICIO CO SHERIFF ($100) ( ) SERVICE BY CERTIFIED MAIL ($100)

( ) CITATION BY PUBLICATION ($100) DOES NOT INCLUDE PUBLICATION FEES TO BE PAID TO PUBLICATION

( ) PRIVATE PROCESS SERVER _____

REQUESTOR:

NAME: _____ PHONE: _____