

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 (\$90)
- CITATION BY PUBLICATION (\$100) DOES NOT INCLUDE PUBLICATION FEES TO BE PAID TO PUBLICATION
- PRIVATE PROCESS SERVER _____

REQUESTOR:

NAME: _____

PHONE: _____