

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 (\$90) SERVICE BY CERTIFIED MAIL (\$90)
 CITATION BY PUBLICATION (\$90) DOES NOT INCLUDE PUBLICATION FEES TO BE PAID TO PUBLICATION
 PRIVATE PROCESS SERVER _____

REQUESTOR:

NAME: _____

PHONE: _____