

# Susan Jackson

KENDALL COUNTY DISTRICT CLERK

201 E. San Antonio, Suite 201 | Boerne, Texas 78006 | Phone: 830-249-9343 | Fax: 830-249-1763

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

## REQUEST FOR ISSUANCE OF SERVICE

Court: \_\_\_ 451<sup>st</sup> District Court \_\_\_

Style: \_\_\_\_\_

### Type Of Service/Process To Be Issued: (Check all that apply)

Citation  Temporary Restraining Order  Precept  Protective Order  Citation By Posting  Citation By Publication  Writ Of Attachment  Writ Of Garnishment  Writ Of Habeas Corpus  Writ Of Sequestration  Subpoena  Subpoena Duces Tecum

Other: \_\_\_\_\_

1.) Name: \_\_\_\_\_

Registered Agent/By Serving: \_\_\_\_\_

Address: \_\_\_\_\_

### Please choose the correct service type:

Pick-Up from our office  Pick up by Private Process  by Sheriff  by Constable  by Certified Mail  E-mail to attorney (if checked, please provide the e-mail address below)

E-mail: \_\_\_\_\_

2.) Name: \_\_\_\_\_

Registered Agent/By Serving: \_\_\_\_\_

Address: \_\_\_\_\_

### Please choose the correct service type:

Pick-Up from our office  Pick up by Private Process  by Sheriff  by Constable  by Certified Mail  E-mail to attorney (if checked, please provide the e-mail address below)

E-mail: \_\_\_\_\_

3.) Name: \_\_\_\_\_

Registered Agent/By Serving: \_\_\_\_\_

Address: \_\_\_\_\_

### Please choose the correct service type:

Pick-Up from our office  Pick up by Private Process  by Sheriff  by Constable  by Certified Mail  E-mail to attorney (if checked, please provide the e-mail address below)

E-mail: \_\_\_\_\_

Title of Document/Pleading to be Attached to Process: \_\_\_\_\_

Issuance Of Service Requested By: Attorney/Pro Se:

Name: \_\_\_\_\_ Bar # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_