



Ofilia M. Trevino

FRIO COUNTY DISTRICT CLERK

500 E. San Antonio St., Box 8 | Pearsall, Texas 78061 | 830-505-2996 | www.co.frio.tx.us/page/frio.District.Clerk

REQUEST FOR ISSUANCE OF SERVICE

CASE NUMBER: _____ COURT: _____

Title of Documents to be Served: _____

FILE DATE: _____ Month/Day/Year

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/PROCESS TO BE ISSUED: (Check the Proper Box)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Citation | <input type="checkbox"/> Citation by Posting | <input type="checkbox"/> Citation by Publication | <input type="checkbox"/> Citations Rule 106 Service |
| <input type="checkbox"/> Temporary Restraining Order | <input type="checkbox"/> Precept | <input type="checkbox"/> Notice | |
| <input type="checkbox"/> Protective Order | <input type="checkbox"/> Capias | <input type="checkbox"/> Writ of Attachment | |
| <input type="checkbox"/> Secretary of State Citation | <input type="checkbox"/> Injunction | <input type="checkbox"/> Writ of Garnishment | |
| <input type="checkbox"/> Subpoena | | <input type="checkbox"/> Writ of Sequestration | |
| <input type="checkbox"/> Other (Please Describe): _____ | | | |

SERVICE BY: (Check One)

- | |
|--|
| <input type="checkbox"/> SERVICE BY: (Check One) |
| <input type="checkbox"/> ATTORNEY PICK-UP (Phone): _____ |
| <input type="checkbox"/> MAIL TO ATTORNEY AT: _____ |
| <input type="checkbox"/> FRIO COUNTY SHERIFF (Fees Required) |
| <input type="checkbox"/> CERTIFIED MAIL by District Clerk (Fees Required) to address: _____ |
| <input type="checkbox"/> CIVIL PROCESS SERVER - Authorized Person to Pick-up: _____ Phone: _____ |
| <input type="checkbox"/> OTHER, Explain: _____ |

Issuance of Service Requested By: Attorney/Party Name: _____ Bar # or ID: _____

Mailing Address: _____ Date: _____

Phone Number: _____ Signature: _____