

# ATASCOSA COUNTY PROCESS REQUEST SHEET

1 COURTHOUSE CIR. DR., STE. 4-B / JOURDANTON, TX 78026

PHONE # 830.769.3011 / FAX # 830.769.1332

**FOR EACH PARTY SERVED YOU MUST FURNISH ONE (1) COPY OF THE PLEADING.**

CAUSE NO. \_\_\_\_\_

COURT NO. \_\_\_\_\_

**SERVICE WILL ONLY BE ISSUED UPON PAYMENT OF COST!**

TYPE OF PROCESS TO BE ISSUED; (Citation, Show Cause, Precept, TRO, etc.)

NAME OF DOCUMENT/PLEADING TO BE SERVED

**SERVICE BY:**

ATTORNEY FOR PICK UP     ATTORNEY RETURN BY MAIL     CONSTABLE / SHERIFF

CIVIL PROCESS SERVER:

AUTHORIZED PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

CERTIFIED MAIL     RESTRICTED DELIVERY

COURTHOUSE POSTING    # OF DAYS TO BE POSTED: \_\_\_\_\_

PUBLICATION    NAME OF NEWSPAPER: \_\_\_\_\_    BRIEF STATEMENT OF SUIT (USE REVERSE SIDE)  
# OF DAYS TO BE PUBLISHED: \_\_\_\_\_

\_\_\_\_\_  
BRIEF STATEMENT OF SUIT (USE REVERSE SIDE)

**PARTY/PARTIES TO BE SERVED:**

[1] NAME/AGENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_

[2] NAME/AGENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_

[3] NAME/AGENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_

ATTORNEY OR PARTY REQUESTING ISSUANCE OF PROCESS;

NAME \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

ATTORNEY BAR # \_\_\_\_\_

FAX # \_\_\_\_\_

PHONE # \_\_\_\_\_

ATTORNEY REPRESENTS:    PLAINTIFF     DEFENDANT \_\_\_\_\_    OTHER \_\_\_\_\_