



Clarissa Webster

ECTOR COUNTY DISTRICT CLERK

300 N. Grant Av., Rm. 301 | Odessa, Texas 79761 | 432-498-4290 | www.co.ector.tx.us/District.Clerk

REQUEST FOR ISSUANCE OF SERVICE

CASE NUMBER: _____ **COURT:** _____

Name(s) 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 <i>(Please Describe):</i> _____ | | | |

SERVICE BY: *(Check One)*

- | |
|--|
| <input type="checkbox"/> E-ISSUANCE BY DISTRICT CLERK <i>(No Copy Fees Charged for E-Issuance)</i> Deliver to Email: _____ <i>(Attorney/Party Responsible for Service & Return)</i> |
| <input type="checkbox"/> ATTORNEY PICK-UP <i>(Phone):</i> _____ |
| <input type="checkbox"/> MAIL TO ATTORNEY AT: _____ <i>(Postage Required)</i> |
| <input type="checkbox"/> ECTOR COUNTY SHERIFF <i>(Fees Required)</i> |
| <input type="checkbox"/> CERTIFIED MAIL by District Clerk <i>(Fees Required)</i> 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:** _____