

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: _____

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: _____