



VELVA L. PRICE
 District Clerk, Travis County
 Civil Division (512) 854-9457

Process Request Form

CASE NUMBER: _____ **COURT:** _____

NAME(S) OF DOCUMENTS TO BE SERVED: _____

FILE DATE: _____
Day/Month/Year

SERVICE TO BE ISSUED ON: (Please List Exactly As The Name Appears In The Pleading To Be Served- Additional Parties on page 2)

1. **Issue Service to:** _____
Address of Service: _____
City, State & Zip: _____
Agent: (if applicable) _____

TYPE OF SERVICE/PROCESS TO BE ISSUED:

Citation Citation by Posting Citations Rule 106 Service Hague Convention Citation
 Secretary of State/ Highway Commission/Commissioner of Insurance Citation
 Citation by Publication: Newspaper _____
 Show Cause Notice Temporary Restraining Order Temporary Protective Order
 Capias Attachment Habeas Corpus
 Subpoena Garnishment Injunction Sequestration Abstract Execution
 Other (Please Describe) _____

SERVICE BY (check one):

ATTORNEY/REQUESTER: (Email) _____

PROCESS SERVER: (Email) _____

PICK UP: (Person/Agency Name and Phone Number) _____

TRAVIS COUNTY CONSTABLE: Please select PCT if you have a preference **1** **2** **3** **4** **5**

CERTIFIED MAIL

OTHER, explain: _____

Requested by:

Name: _____

Mailing Address: _____

City, state, Zip: _____

Phone Number: _____

E-mail Address: _____

Notes/Comments to the clerk: _____

Civil Process Request Form - Additional Parties

SERVICE TO BE ISSUED ON: (Please List Exactly As The Name Appears In The Pleading To Be Served)

2. Issue Service to: _____
Address of Service: _____
City, State & Zip: _____
Agent: (if applicable) _____

3. Issue Service to: _____
Address of Service: _____
City, State & Zip: _____
Agent: (if applicable) _____

4. Issue Service to: _____
Address of Service: _____
City, State & Zip: _____
Agent: (if applicable) _____

5. Issue Service to: _____
Address of Service: _____
City, State & Zip: _____
Agent: (if applicable) _____

6. Issue Service to: _____
Address of Service: _____
City, State & Zip: _____
Agent: (if applicable) _____

7. Issue Service to: _____
Address of Service: _____
City, State & Zip: _____
Agent: (if applicable) _____