



# Guadalupe Navarrette

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"/> <b>Other</b> <i>(Please Describe):</i> _____ |  |  |   |

**SERVICE BY:** *(Check One)*

- |  |
|--|
| <input type="checkbox"/> <b>E-ISSUANCE BY DISTRICT CLERK</b> <i>(No Copy Fees Charged for E-Issuance)</i><br><b>Deliver to Email:</b> _____ <i>(Attorney/Party Responsible for Service &amp; Return)</i> |
| <input type="checkbox"/> <b>ATTORNEY PICK-UP</b> <i>(Phone):</i> _____   |
| <input type="checkbox"/> <b>MAIL TO ATTORNEY AT:</b> _____ <i>(Postage Required)</i>   |
| <input type="checkbox"/> <b>ECTOR COUNTY SHERIFF</b> <i>(Fees Required)</i>  |
| <input type="checkbox"/> <b>CERTIFIED MAIL by District Clerk</b> <i>(Fees Required)</i> to address: _____  |
| <input type="checkbox"/> <b>CIVIL PROCESS SERVER - Authorized Person to Pick-up:</b> _____ <b>Phone:</b> _____   |
| <input type="checkbox"/> <b>OTHER, Explain:</b> _____  |

**Issuance of Service Requested By:** Attorney/Party Name: \_\_\_\_\_ Bar # or ID: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Signature:** \_\_\_\_\_