



**LUCY ADAME-CLARK
BEXAR COUNTY CLERK
100 DOLOROSA, SUITE 104
SAN ANTONIO, TEXAS 78205**

SERVICE REQUEST FORM

DATE:

CASE NUMBER:

ESTATE OR GUARDIANSHIP OF:

ISSUANCE REQUESTED (CHECK ALL THAT APPLY):

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> CITATION | <input type="checkbox"/> ABSTRACT OF JUDGMENT | <input type="checkbox"/> FINAL ACCOUNT |
| <input type="checkbox"/> SUBPOENA | <input type="checkbox"/> SUBPOENA DUCES TECUM | <input type="checkbox"/> TEMP. RESTRAINING ORDER |
| <input type="checkbox"/> PRECEPT | <input type="checkbox"/> MOTION TO REDUCE BOND | <input type="checkbox"/> CIT. BY PUBLICATION (HART BEAT) |
| <input type="checkbox"/> RULE 106 | <input type="checkbox"/> WRIT OF ATTACHMENT | <input type="checkbox"/> Other: |

TYPE OF SERVICE TO BE ISSUED (CHECK ALL THAT APPLY):

- | | |
|--|---|
| <input type="checkbox"/> OUT OF STATE | <input type="checkbox"/> OUT OF COUNTY |
| <input type="checkbox"/> PRIVATE PROCESS | <input type="checkbox"/> SHERIFF'S OFFICE |

PARTY TO BE SERVED:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

SPECIAL NOTE OR C/O:

CERTIFIED MAIL TO:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

- | | |
|-----------------------------------|-------------------------------|
| <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> MAIL |
|-----------------------------------|-------------------------------|

ATTORNEY (OR ATTORNEY'S AGENT) REQUESTING SERVICE:

ATTORNEY'S NAME:

BAR NUMBER:

PHONE NUMBER: