



# Suzy Wright – District Clerk Wood County, Texas

P.O. Box 1707 \* Quitman, TX 75783 \* Phone: 903-763-2361 \* Fax: 903-763-1511

## **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> _____ |  | <input type="checkbox"/> Notice of Hearing Date _____ |   |

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

- E-ISSUANCE BY DISTRICT CLERK** *(No Copy Fees Charged for E-Issuance)*  
**Deliver to Email:** \_\_\_\_\_ *(Attorney/Party Responsible for Service & Return)*
- ATTORNEY PICK-UP** *(Phone):* \_\_\_\_\_
- MAIL TO ATTORNEY AT:** \_\_\_\_\_ *(Postage Required)*
- WOOD COUNTY SHERIFF** *(Fees Required)*
- CERTIFIED MAIL by District Clerk** *(Fees Required)* to address: \_\_\_\_\_
- CIVIL PROCESS SERVER - Authorized Person to Pick-up:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- OTHER, Explain:** \_\_\_\_\_

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

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

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