

**NUECES COUNTY DISTRICT CLERK
INFORMATION FOR ISSUANCE OF SERVICE**

Cause Number: _____

Name **EACH** document to be served: _____

SERVICE BY (check one please)

Constable/Sheriff: _____ Return to Attorney by Mail: _____

Certified Mail: _____ Pick up by Atty/Process Server: _____

Please note if RESTRICTED DELIVERY is needed.

Citation by Posting at Courthouse Door (number of days to be posted): _____

Citation by Publication (name of newspaper): _____

(Number of days to be published): _____

Service to be issued on: **(please print information)**:

1. Name: _____

Address: _____

Agent (if applicable) _____

2. Name: _____

Address: _____

Agent (if applicable) _____

3. Name: _____

Address: _____

Agent (if applicable) _____

4. Name: _____

Address: _____

Agent (if applicable) _____

Additional information for service if needed:

Please provide all Service Copies of documents needed for your request!!

Service Requested by: Name: _____

Address: _____ Phone: _____