



# Esther Degollado

WEBB COUNTY DISTRICT CLERK

1110 Victoria St., Suite 203 | Laredo, Texas 78040 | ☎956-523-4268 | 📠956-523-5063

## **Request for Issuance of Service**

Case Number:	
Name of Documents to be served:	
<b>(Please list exactly as the name appears in the pleading to be served)</b>	
Issue Service to:	
Agent (if applicable):	
Address of Service:	
City, State, & Zip	

### **TYPE OF SERVICE/PROCESS TO BE ISSUED (Check proper box):**

<input type="checkbox"/>	Citation	<input type="checkbox"/>	Citation by Posting	<input type="checkbox"/>	Citation by Publication
<input type="checkbox"/>	Citation Rule 106 Service	<input type="checkbox"/>	Citation Scire Facia	<input type="checkbox"/>	Notice
<input type="checkbox"/>	Precept	<input type="checkbox"/>	Protective Order	<input type="checkbox"/>	Subpoena
<input type="checkbox"/>	Secretary of State	<input type="checkbox"/>	Commissioner of Insurance	<input type="checkbox"/>	Highway Commission
<input type="checkbox"/>	Hague Convention	<input type="checkbox"/>	Injunction	<input type="checkbox"/>	Capias
<input type="checkbox"/>	Writ of Garnishment	<input type="checkbox"/>	Writ of Sequestration	<input type="checkbox"/>	Writ of Habeas Corpus
<input type="checkbox"/>	Writ of Attachment	<input type="checkbox"/>	All Other Writs	<input type="checkbox"/>	Certiorari
<input type="checkbox"/>	Other (Please Describe):				

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

<input type="checkbox"/>	Process Server	<input type="checkbox"/>	Attorney Pick-Up
<input type="checkbox"/>	Sheriff	<input type="checkbox"/>	Constable
<input type="checkbox"/>	Certified Mail	<input type="checkbox"/>	Mail to Attorney (Self-addressed envelope needed)
<input type="checkbox"/>	Other (Please Describe):		

### **ISSUANCE OF SERVICE REQUESTED BY:**

Attorney/Party Name:	
Mailing Address:	
Phone Number:	