



Montgomery County District Clerk

Request for Issuance or Service

Please complete all four sections below.

<p>Section 1 Complete all fields. If you are filing this with a new suit, the Cause no. and Court will be completed by the clerk.</p>	<p>Cause no: _____ Court: _____</p> <p>Document(s) to be served: _____</p> <p>File Date(s) of Service Document(s): _____</p> <p>Name of Party to be Served: _____</p> <p>Address: _____</p> <p>City, State & Zip: _____</p> <p>Registered Agent (If Applicable): _____</p> <p>Check here to indicate wherever the addressee may be found: <input type="checkbox"/></p>																					
<p>Section 2 Choose the type of process requested. Issuance of process is \$8/ea. unless otherwise indicated.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Citation (Personal Service)</td> <td><input type="checkbox"/> Secretary of St./Hwy Commission/Comm. of Ins. (\$12)</td> </tr> <tr> <td><input type="checkbox"/> Citation by Posting on Courthouse Door</td> <td><input type="checkbox"/> Capias –Law enforcement ID Sheet Required</td> </tr> <tr> <td><input type="checkbox"/> Citation by Publication</td> <td><input type="checkbox"/> Temporary Restraining Order (Family)</td> </tr> <tr> <td><input type="checkbox"/> Citation – Scire Facias</td> <td><input type="checkbox"/> Protective Order (Notice of Appl. Or Ex Parte)</td> </tr> <tr> <td><input type="checkbox"/> Subpoena (Document must be provided.)</td> <td><input type="checkbox"/> Writ of Habeas Corpus/Attachment - Child</td> </tr> <tr> <td><input type="checkbox"/> Precept/Show Cause</td> <td><input type="checkbox"/> Notice of Foreign Judgment (UCCJEA) (by Cert. Mail)</td> </tr> <tr> <td><input type="checkbox"/> Writ of Garnishment</td> <td><input type="checkbox"/> Notice of Foreign Judgment (UIFSA) (by Regular Mail)</td> </tr> <tr> <td><input type="checkbox"/> Writ of Sequestration</td> <td><input type="checkbox"/> Precept to Serve Final Protective Order</td> </tr> <tr> <td><input type="checkbox"/> Civil Injunction/TRO</td> <td><input type="checkbox"/> Other – Please specify: _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Writ of Withholding/Notice of Termination of Child Support (\$15) – Certified Mail by District Clerk Only</td> </tr> </table> <p style="text-align: center;">**Please provide complete mailing address of employer to be notified of withholding.**</p>		<input type="checkbox"/> Citation (Personal Service)	<input type="checkbox"/> Secretary of St./Hwy Commission/Comm. of Ins. (\$12)	<input type="checkbox"/> Citation by Posting on Courthouse Door	<input type="checkbox"/> Capias –Law enforcement ID Sheet Required	<input type="checkbox"/> Citation by Publication	<input type="checkbox"/> Temporary Restraining Order (Family)	<input type="checkbox"/> Citation – Scire Facias	<input type="checkbox"/> Protective Order (Notice of Appl. Or Ex Parte)	<input type="checkbox"/> Subpoena (Document must be provided.)	<input type="checkbox"/> Writ of Habeas Corpus/Attachment - Child	<input type="checkbox"/> Precept/Show Cause	<input type="checkbox"/> Notice of Foreign Judgment (UCCJEA) (by Cert. Mail)	<input type="checkbox"/> Writ of Garnishment	<input type="checkbox"/> Notice of Foreign Judgment (UIFSA) (by Regular Mail)	<input type="checkbox"/> Writ of Sequestration	<input type="checkbox"/> Precept to Serve Final Protective Order	<input type="checkbox"/> Civil Injunction/TRO	<input type="checkbox"/> Other – Please specify: _____	<input type="checkbox"/> Writ of Withholding/Notice of Termination of Child Support (\$15) – Certified Mail by District Clerk Only	
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<p>All process, except process served by the District Clerk must be returned to the requesting party to arrange proper service.</p> <p>Additional fees are required for service by the District Clerk.</p>																						
<p>Section 3 Choose Option 1 or Option 2. *** Complete the detail information in the column corresponding to the option chosen.</p>	<p><input type="checkbox"/></p> <p style="text-align: center;">Option 1</p> <p style="text-align: center;">Return process papers to requesting party.</p> <p style="text-align: center;"><i>If choosing this option, please choose <u>only one</u> method in the right hand column.</i></p>	<p><input type="checkbox"/> E-ISSUANCE via E-file Texas to the attorney of record <i>(Retrievable via public access or e-file link in email).</i></p> <p><input type="checkbox"/> E-ISSUANCE via direct email to the following email address: _____</p> <p><input type="checkbox"/> PICK-UP in District Clerk’s Office (phone or email contact): _____</p> <p><input type="checkbox"/> MAIL to attorney at Attorney of Record</p> <p><input type="checkbox"/> OTHER, explain: _____</p>																				
<p><input type="checkbox"/></p> <p style="text-align: center;">Option 2</p> <p style="text-align: center;">Service to be executed by District Clerk.</p> <p style="text-align: center;"><i>Choose method(s) in the right hand column.</i></p>	<p><input type="checkbox"/> CERTIFIED MAIL (\$75) <input type="checkbox"/> REGULAR MAIL <i>available for Expedited Foreclosures and UIFSA Foreign Judgments</i></p> <p><input type="checkbox"/> PUBLICATION ON OCA WEBSITE <u>ONLY</u> (no charge) <i>All citations by publication are published on OCA website.</i></p> <p><input type="checkbox"/> PUBLICATION IN NEWSPAPER OR OTHER (\$75)</p> <p>Name of Newspaper: _____</p> <p>Newspaper Contact Email: _____</p>																					
<p>Section 4 Provide the requesting party or attorney’s contact information.</p>	<p>Name of attorney or pro se litigant requesting service: _____</p> <p>Phone: _____ Bar no. _____</p> <p>Mailing address: _____</p> <p>Email: _____</p>																					

****BEFORE E-FILING, SAVE DOCUMENT BY PRINTING TO PDF TO FLATTEN FILLABLE FIELDS****