Cause Number: _____

District Court : _____

GLORIA A. MARTINEZ
Bexar County District Clerk

REQUEST FOR PROCESS

Style:_____ **Vs.** _____

Request the following process: **(Please check all that Apply)**

☐ **Citation** ☐ **Notice** ☐ **Temporary Restraining Order** ☐ **Notice of Application for Protective Order**
☐ **Temporary Protective Order** ☐ **Precept with hearing** ☐ **Precept with*out* a hearing** ☐ **Writ of Attachment**
☐ **Writ of Habeas Corpus** ☐ **Writ of Garnishment** ☐ **Writ of Sequestration** ☐ **Capias** ☐ **Other:** _____

1.
Name:_____
Registered Agent/By Serving: _____
Address_____
Service Type: (Check One) ☐ *Private Process* ☐ *Commissioner of Insurance* ☐ *SA Express News* ☐ *Hart Beat* ☐ *Courthouse Door* ☐ *Certified Mail*
☐ *Registered Mail* ☐ *Out of County* ☐ *Secretary of State* ☐ *Constable 1* ☐ *Constable 2* ☐ *Constable 3* ☐ *Constable 4*

2.
Name:_____
Registered Agent/By Serving: _____
Address_____
Service Type: (Check One) ☐ *Private Process* ☐ *Commissioner of Insurance* ☐ *SA Express News* ☐ *Hart Beat* ☐ *Courthouse Door* ☐ *Certified Mail*
☐ *Registered Mail* ☐ *Out of County* ☐ *Secretary of State* ☐ *Constable 1* ☐ *Constable 2* ☐ *Constable 3* ☐ *Constable 4*

3.
Name:_____
Registered Agent/By Serving: _____
Address_____
Service Type: (Check One) ☐ *Private Process* ☐ *Commissioner of Insurance* ☐ *SA Express News* ☐ *Hart Beat* ☐ *Courthouse Door* ☐ *Certified Mail*
☐ *Registered Mail* ☐ *Out of County* ☐ *Secretary of State* ☐ *Constable 1* ☐ *Constable 2* ☐ *Constable 3* ☐ *Constable 4*

4.
Name:_____
Registered Agent/By Serving: _____
Address_____
Service Type: (Check One) ☐ *Private Process* ☐ *Commissioner of Insurance* ☐ *SA Express News* ☐ *Hart Beat* ☐ *Courthouse Door* ☐ *Certified Mail*
☐ *Registered Mail* ☐ *Out of County* ☐ *Secretary of State* ☐ *Constable 1* ☐ *Constable 2* ☐ *Constable 3* ☐ *Constable 4*

Title of Document/Pleading to be Attached to Process:_____

_____

Name of Attorney/Pro se:_____ **Bar Number:** _____
Address:_____ **Phone Number:** _____

_____

Attorney for Plaintiff_____ **Defendant**_____ **Other** _____

*******IF SERVICE IS NOT PICKED UP WITHIN 14 BUSINESS DAYS, SERVICE WILL BE DESTROYED*******