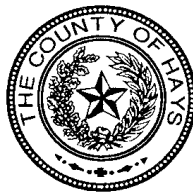


**ELAINE H. CÁRDENAS**

County Clerk  
Hays County, Texas



712 S. Stagecoach Trail, Suite 2008  
San Marcos, Texas 78666  
Phone: (512) 393-7738  
Fax: (512) 393-7735

**ISSUANCE OF PROCESS INSTRUCTIONS**

*(One request form per party to be served)*

CAUSE NUMBER: \_\_\_\_\_

**TYPE OF PROCESS** *(check one):*

- |   |   |
|---|---|
| <input type="checkbox"/> Citation by Personal Service | <input type="checkbox"/> Citation/Temporary Restraining Order |
| <input type="checkbox"/> Citation by Posting          | <input type="checkbox"/> Show Cause Notice                    |
| <input type="checkbox"/> Citation by Certified Mail   | <input type="checkbox"/> Abstract of Judgment                 |
| <input type="checkbox"/> Citation by Publication      | <input type="checkbox"/> Writ of Attachment (person)          |
| <input type="checkbox"/> Writ of Execution            | <input type="checkbox"/> Writ of Sequestration                |
| <input type="checkbox"/> Writ of Garnishment          | <input type="checkbox"/> Writ of Possession                   |
| <input type="checkbox"/> Subpoena                     | <input type="checkbox"/> Other: _____                         |

**TYPE OF SERVICE** *(check one):*

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| <input type="checkbox"/> Hold for Pick Up by Attorney                                     | <input type="checkbox"/> Certified Mail     | <input type="checkbox"/> Posting at Courthouse Door |   |   |   |
| <input type="checkbox"/> Hold for Pick Up by Runner/Process Server                        | <input type="checkbox"/> Publication: _____ |   |   |   |   |
| <input type="checkbox"/> Forward to Hays County Constable's Office Precinct (Circle One): | 1   | 2   | 3 | 4 | 5 |
| <input type="checkbox"/> Mail to Attorney/Requesting Party to the following address:      |   |   |   |   |   |

\_\_\_\_\_  
\_\_\_\_\_

**TITLE OF DOCUMENT/INSTRUMENT TO BE SERVED:** \_\_\_\_\_

**DOCUMENT FILE DATE:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**PARTY TO BE SERVED:** *(Please complete a new request form per party to be served)*

Name/Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Party Requesting Service**

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_