



Patti L. Henry

CHAMBERS COUNTY DISTRICT CLERK

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<http://chamberscountytexas.gov>

CIVIL PROCESS FORM

CASENUMBER: _____ CURRENT COURT: _____

Name(s) of Documents to be served: _____

File Date: _____ Month/Day/Year

Service To Be Issued On (Please List Exactly As The Name Appears In The Pleading To Be Served):

Issue Service to: _____

Address of Service: _____

City, State & Zip: _____

Agent (if applicable): _____

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

Citation	Citation by Posting	Citation by Publication	Citation by Rule 106
Citation Scire Facias	Newspaper	Temporary Restraining Order	Precept
Notice	Protective Order	Secretary Of State Citation	Capias
Attachment	Sequestration	Subpoena	Other (Please Describe)

Service by (select one):

Attorney Pick-Up (Phone or email) _____

Email/Mail to Attorney at: _____

Chambers County Constable (Please verify address is in Chambers County)

Certified Mail by District Clerk

Civil Process Server- Authorized Person to Pick-up: _____

Phone: _____

Other, explain _____

Note: Additional Fees may apply.

Issuance of Service Request By:

Attorney/Party Name: _____ Bar# or ID _____

Mailing Address: _____

Phone Number: _____

Disclaimer: This is a supplemental document, not a stand alone request. A proper request for service must be in writing as part of the pleading or stand alone document filed and fees paid (if applicable) before processing this document.