



CAUSE NUMBER: _____
DISTRICT COURT: _____

DATE: _____

**HEATHER N. KELLAR
COMAL COUNTY DISTRICT CLERK
REQUEST FOR PROCESS**

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

____ Citation ____ Notice ____ Temporary Restraining Order ____ Notice of Temporary Protective Order
____ Temporary Protective Order ____ Precept with Hearing ____ Precept without Hearing
____ Writ of Attachment ____ Writ of Garnishment ____ Writ of Sequestration ____ Capias/Warrant
____ Other
COURT APPOINTED _____ RETAINED _____ PAUPER'S AFFIDAVIT _____

1. Name _____
Registered Agent/By serving: _____
Address: _____
Service Type: (check one) _____ PRIVATE PROCESS _____ SHERIFF _____ CERTIFIED MAIL _____ ATTORNEY
PICK-UP _____ OUT OF COUNTY _____ SECRETARY OF STATE _____ PUBLICATION
____ POSTING/COURTHOUSE DOOR _____ MAIL BACK TO REQUESTER

2. Name _____
Registered Agent/By serving: _____
Address: _____
Service Type: (check one) _____ PRIVATE PROCESS _____ SHERIFF _____ CERTIFIED MAIL _____ ATTORNEY
PICK-UP _____ OUT OF COUNTY _____ SECRETARY OF STATE _____ PUBLICATION
____ POSTING/COURTHOUSE DOOR _____ MAIL BACK TO REQUESTER

3. Name _____
Registered Agent/By serving: _____
Address: _____
Service Type: (check one) _____ PRIVATE PROCESS _____ SHERIFF _____ CERTIFIED MAIL _____ ATTORNEY
PICK-UP _____ OUT OF COUNTY _____ SECRETARY OF STATE _____ PUBLICATION
____ POSTING/COURTHOUSE DOOR _____ MAIL BACK TO REQUESTER

4. Name _____
Registered Agent/By serving: _____
Address: _____
Service Type: (check one) _____ PRIVATE PROCESS _____ SHERIFF _____ CERTIFIED MAIL _____ ATTORNEY
PICK-UP _____ OUT OF COUNTY _____ SECRETARY OF STATE _____ PUBLICATION
____ POSTING/COURTHOUSE DOOR _____ MAIL BACK TO REQUESTER

TITLE OF DOCUMENT/PLEADING TO BE ATTACHED TO PROCESS: _____

ATTORNEY (OR ATTORNEY'S AGENT)/PRO SE REQUESTING SERVICE:
NAME: _____ PHONE: _____
ADDRESS: _____

ATTORNEY FOR:
PLAINTIFF/PETITIONER _____ DEFENDANT/RESPONDENT _____ OTHER _____