

Cause No.

District Court Karnes County, Texas

REQUEST FOR PROCESS

Style: ______ Vs. _____

Request the following process: (Check all that apply)

□ Citation □ Notice □ Temporary Restraining Order □ Notice of Application for Protective Order □ Temporary Protective Order □ Precept with Hearing □ Precept without 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) \Box *Private Process* \Box *Sheriff* \Box *Publication* \Box *Posting (Courthouse Door)* \Box *Certified Mail* □ *Out of County* □ *Secretary of State* □ *Commissioner of Insurance* 2. Name: Registered Agent/By Serving: Address: Service Type: (Check One) \Box *Private Process* \Box *Sheriff* \Box *Publication* \Box *Posting (Courthouse Door)* □ *Certified Mail* □ *Out of County* □ *Secretary of State* □ *Commissioner of Insurance* 3. Name: Registered Agent/By Serving: Address: Service Type: (Check One) \Box *Private Process* \Box *Sheriff* \Box *Publication* \Box *Posting (Courthouse Door)* □ *Certified Mail* □ *Out of County* □ *Secretary of State* □ *Commissioner of Insurance* 4. Name: _____ Registered Agent/By Serving: Address: Service Type: (Check One) \Box *Private Process* \Box *Sheriff* \Box *Publication* \Box *Posting (Courthouse Door)* □ *Certified Mail* □ *Out of County* □ *Secretary of State* □ *Commissioner of Insurance* Title of Document/Pleading to be Attached to Process: Name of Attorney/Pro Se: ______ Bar Number: _____ Address: _____ Phone Number: _____

Attorney for: □ Plaintiff □ Defendant □ Other