

JAMIE SMITH JEFFERSON COUNTY DISTRICT CLERK 1085 PEARL STREET, ROOM 203, BEAUMONT,TX 77701

REQUEST FOR PROCESS

All sections <u>must</u> be completed for processing this request.

| Section 1: Cause No. | Date | | | |
|--|---|-----------------------------|--|--|
| Style: | - | | | |
| VS | | | | |
| | | | | |
| Section 2: Check Process Type: | | | | |
| □ Citation □ Precept to Serve | e / Notice of Hearing/Notice to Show C | Cause | | |
| Notice of Registration of Fore Writ of | der / Temporary (Ex Parte) Protective O sign Judgment □ Citation by Posting □ Other | | | |
| □Citation by Publication*- New | /spaper: | | | |
| Check box if you would like the D per pleading for copies for service | istrict Clerk's Office to make copies for your | r service. (\$1.00 per page | | |
| | ng to be attached for service: | | | |
| Section 4: PARTIES TO BE SI | ERVED (Please type or print): | | | |
| 1.Name: | | | | |
| Address: | | - | | |
| City: | | | | |
| 2.Name: | | | | |
| Address: | | | | |
| City: | State: | Zip: | | |

| 3. N | Name: | | | | | |
|------------------------------|--|------------|---------------------------|---------------------|--|--|
| A | Address: | | | | | |
| | City: | | | | | |
| | lame: | | | | | |
| А | Address: | | | | | |
| City: | | Sta | ate: | Zip: | | |
| 5. N | lame: | | | | | |
| А | Address: | | | | | |
| C | City: | | ate: | Zip: | | |
| Section | n 5 | | | | | |
| Che | eck Service Type: | | | | | |
| | No Service | | Secretary of State |) | | |
| | Sheriff | | Commissioner of Insurance | | | |
| | Constable Pct. | | Out of County | | | |
| | Out of State | | Private Process | □Other | | |
| | Certified Mail | | | | | |
| | n 6 (<u>ONLY</u> if Section 7 does not apply) orney Name: | | | | | |
| | | | | | | |
| | Address: | | | | | |
| | City | | State | Zip | | |
| Attorney's Telephone NoAttor | | | _Attorney's Bar No. | · | | |
| | n 7 (<u>ONLY</u> if Section 6 does not apply) | | | | | |
| | -Se Name: | | | | | |
| Add | ress: | | | ······ | | |
| | City | | State | Zip | | |
| Tele | phone No | | | — , b | | |
| Section | | | | | | |
| Che | eck Delivery Type: | | | | | |
| | Hold for pick up 🛛 🗆 Mail to | o Attorney | Email to Attorne | ey | | |