

NUECES COUNTY PROCESS REQUEST SHEET

901 LEOPARD STREET ROOM 313 / CORPUS CHRISTI, TEXAS 78401

PHONE # 361-888-0450 / FAX # 361-888-0571

**FOR EACH PARTY SERVED YOU MUST FURNISH A COPY OF THE PLEADINGS.
TWO SETS OF COPIES FOR SEC. OF STATE / COM. OF INSURANCE, ETC.**

SERVICE WILL ONLY BE ISSUED UPON PAYMENT OF COST

CAUSE NUMBER: _____ DATE OF REQUEST: _____

NAME OF DOCUMENT/PLEADING TO BE SERVED:

SERVICE BY:

ATTORNEY OR PROCESS SERVER: _____ PHONE: _____

CERTIFIED MAIL RESTRICTED DELIVERY CONSTABLE/SHERIFF RETURN BY MAIL

COURTHOUSE POSTING # OF DAYS TO BE POSTED: _____ STATEMENT OF SUIT (USE REVERSE SIDE)

PUBLICATION # OF DAYS TO BE PUBLISHED: _____

NAME OF NEWSPAPER: _____

PARTY/PARTIES TO BE SERVED:

[1] NAME/AGENT _____
ADDRESS _____

[2] NAME/AGENT _____
ADDRESS _____

[3] NAME/AGENT _____
ADDRESS _____

SIGNATURE REQUIRED BY ATTORNEY OR PARTY REQUESTING PROCESS;

NAME _____ PHONE NUMBER _____

MAILING ADDRESS _____