



INFORMATION SHEET

CAUSE NO: _____ DATE: _____

STYLE OF CASE: _____ VS _____

TYPE OF ACTION REQUESTED (\$8 FOR EACH):

CITATION PRECEPT SUBPOENA (USE SUBPOENA FORM)

TEMPORARY RESTRAINING ORDER WRIT OF _____

ABSTRACT JUDGMENTS OTHER _____

NAME OF PARTY ON CITATION/PRECEPT/SUBPOENA, ETC...

1. NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

2. NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

SERVICE:

SAN PATRICIO COUNTY SHERIFF'S OFFICE (\$90) PRIVATE PROCESS SERVER

SERVICE BY CERTIFIED MAIL (\$90)

CIT. BY PUBLICATION (SERVICE \$90 + PAY PAPER FOR PUBLICATION FEES)
NAME OF NEWSPAPER _____

REQUESTING PARTY:

1. NAME: _____
PHONE NUMBER: _____