Burnet County District Clerk

REQUEST FOR ISSUANCE and SERVICE

eFile Instructions:

- This document MUST be filed as a separate LEAD document when eFiling.
- Choose <u>filing code</u> "Request for Issuance" and add the type of issuance in the description field.
- Select the type of issuance using the "Optional Services" section on the eFiling screen.
- ❖ If Sheriff or Constable to serve, select that in "Optional Services section on the eFiling screen.

Cause No.	ause No Document to be served:					
Style of Case:						
Please use this form when requesting issuance of the below listed types of issuance through the e-filing system. Please use other request forms for: Abstracts, Executions, Subpoenas and Order Withholdings Please select the type and quantity of issuance(s) needed						
Туре	Amt	Quantity	Туре	Amt	Quantity	
Citation (Personal Service)	\$8		Writ: Attachment	\$8		
Citation by Publication*	\$8		Writ: Commitment	\$8		
Citation by Posting*	\$8		Writ: Garnishment	\$8		
Notice	\$8		Writ: Possession	\$8		
Precept	\$8		Writ: Sequestration	\$8		
Show Cause Notice	\$8		Writ: Other	\$8		
Temporary Restraining Order	\$8		Expunction Notices: Petition & Order	\$15		
or Name of Paper ******* Check one of	the option	ıs below foı	your preferred service method *	****	**	
Please hold at Clerk's of	ffice. I will pr	ovide a file-m	arked copy of the service document and	will:		
			oe with sufficient postage to: Burnet Cou as 78611 for the return of the issuance.	nty Distr	ict Clerk - 1701	
Forward it to	the Clerk (al	ong with the	service fee, if needed) for pick-up by She	riff or Co	nstable.	
Forward it to	the Clerk fo	r pick-up by Pr	ivate Process Server:			
Forward it to	the Clerk fo	r service by C	ertified Mail (along with the service fee,	if not alre	eady paid)	
Please forward to Clerk paid for through eFiling		mail, Sheriff/0	Constable or Private Process Server – ser	vice fee ((if needed)	
Please eFile back to me	(information	n below).				
	•		if any need to be attached to your request g the "Optional Services" feature when eF		ıce.	
Service Requested By:					_	
Address:					_	
Phone Number:		EI	mail:		_	

