Live Oak County District Clerk REQUEST FOR ISSUANCE INFORMATION SHEET

CAUSE NO.:		Date:
STYLE OF CASE:		
NAME OF DOCUMENT TO BE ATTAC	HED TO ISSUANCE:	
**** COPIES TO ATTACH TO YOUR ISSUANCE	ARE \$1 PER PAGE IF SERVED THRO	UGH THE SHERIFF'S OFFICE, OR CERTIFIED MAIL ***
TYPE OF ACTION REQUESTED (\$8 EA	a.):	
() CITATION () PRECEPT		
() TEMPORARY RESTRAINING ORDE	R () WRIT OF	
() ABSTRACT JUDGMENTS		
() OTHER	• •	
NAME OF PARTY ON CITATION/PRE	CEPT/, ETC.	
1. Name:Address:		
City, State, Zip:		
2. Name:		
Address:City, State, Zip:		12867
3. Name: Address:		
City, State, Zip:		
4. Name:Address:		
City, State, Zip:		
5. Name: Address: City, State, Zip:		
6. Name:Address:		
City, State, Zip:		

SERVICE TIPE (FEE IS PER ISSUANCE):			
() SERVICE BY LIVE OAK COUNTY SHERIFF'S OFFICE (\$100)			
() SERVICE OF WRITS BY LIVE OAK CO SHERIFF'S OFFICE (\$200)			
() SERVICE BY CERTIFIED MAIL (\$100)			
() SERVICE BY CERTIFIED MAIL RESTRICTED (\$100)			
() PRIVATE PROCESS SERVER EMAIL ADDRESS (if applicable):			
() SEND BACK TO ATTORNEY FOR SERVICE THROUGH EMAIL EMAIL ADDRESS (if applicable):			
() CITATION BY PUBLICATION (PAY PAPER FOR PUBLICATION IN NAME OF NEWSPAPER			
() OTHER:			
REQUESTING PARTY:			
NAME:PHON	E NUMBER:		