

Live Oak County District Clerk
REQUEST FOR ISSUANCE INFORMATION SHEET

CAUSE NO.: _____ Date: _____

STYLE OF CASE: _____

NAME OF DOCUMENT TO BE ATTACHED TO ISSUANCE:

**** COPIES TO ATTACH TO YOUR ISSUANCE ARE \$1 PER PAGE IF SERVED THROUGH THE SHERIFF'S OFFICE, OR CERTIFIED MAIL ****

TYPE OF ACTION REQUESTED (\$8 EA.):

- () CITATION () PRECEPT
- () TEMPORARY RESTRAINING ORDER () WRIT OF _____
- () ABSTRACT JUDGMENTS () SUBPOENA
- () OTHER _____

NAME OF PARTY ON CITATION/PRECEPT/, ETC.

1. Name: _____
Address: _____
City, State, Zip: _____

2. Name: _____
Address: _____
City, State, Zip: _____

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 TYPE (FEE IS PER ISSUANCE):

LIVE OAK COUNTY SHERIFF'S OFFICE (\$100)

SERVICE BY CERTIFIED MAIL (\$100) Restricted?

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 FEES)

NAME OF NEWSPAPER _____

OTHER: _____

REQUESTING PARTY:

NAME: _____ PHONE NUMBER: _____