



**BRAZORIA COUNTY DISTRICT CLERK
CASSANDRA TIGNER**

Process Request – Please Type/Print All Information

***One request for each party being served.**

Cause No. _____

Document(s) to be Served: _____

Name of Party to be Served: _____

Registered Agent (if applicable): _____

Service Address: _____

City, State, Zip: _____

Service by: (check one)

BCSO Bo Stallman Certified Mail Restricted Non-Restricted

Constable Mike Fulton Pct. 1 Return to Attorney by Mail: _____

Constable Willie Howell Pct. 2 _____

Constable Buck Stevens Pct. 3 Email: _____

Constable James Brawner Pct. 4 Pick up by (Name): _____

Publication (Name & Address of Newspaper) _____

Publication to OCA Portal/Website #of days _____

Posting at Courthouse Door

Family –

Relief Requested (Required): _____

Date of Birth/Place of Birth for Each Child (Required): _____

Civil – As per TRCP 115, attach legal description of property if applicable and state relief requested.

Relief Requested (Required): _____

Property Description: _____

When Service is by SHERIFF/CONSTABLE, please provide as much information as possible by completing the blanks to expedite service.

Description:

Male Female Date of Birth _____ Race _____ Eyes _____ Hair _____

Tattoos, Scars, Facial Hair, Glasses, etc. _____

Other address person may be found: _____

Gate Access Code _____ Building Number _____

Descr. of house (i.e., trailer park, subdivision): _____

Cell/Home Phone: _____ Work Phone: _____

Any vehicles? Yr _____ Make _____ Model _____ Color _____ LP# _____

Best time to Serve: Days Evenings Nights

Name and address of Employer: _____

List any other information the deputies should know. For example, is party being served known to be violent, owns weapons, mental or physical illness, dogs in yard, locked gates, etc.?

Service requested by:

Name and Email: _____

Cell/Home Phone: _____ Work: _____