

CASSANDRA TIGNER
BRAZORIA COUNTY DISTRICT CLERK

Request for Family Writ of Attachment or Writ of Habeas Corpus
Please Print All Information Clearly and Neatly

Cause No. _____

Document to be Served (Check one)

Service By (Check one)

Writ of Attachment _____

Forward to Sheriff

Writ of Habeas Corpus _____

Forward to Constable: Pct 1 _____

Pct 2 _____

Pct 3 _____

Pct 4 _____

Hold for Pickup _____

Person to be Served:

Name _____

Address _____

City, State, Zip _____

REQUIRED FOR WRIT OF ATTACHMENT ONLY

Name of child/children being illegally restrained _____

Date and place of birth of child/children _____

Child/children under the age of six _____

Address child/children are to be picked up from _____

City State Zip

Person receiving the attached child/children _____

Address of place the child/children are to be delivered to _____

City State Zip

Service Requested by:

Name _____

Printed name

Signature

Phone No. _____ Email _____