



JAMIE SMITH
JEFFERSON COUNTY DISTRICT CLERK
1085 PEARL STREET, ROOM 203, BEAUMONT, TX 77701

REQUEST FOR PROCESS

All sections must be completed for processing this request.

Section 1:

Cause No. _____

Date _____

Style: _____

VS

Section 2:

Check Process Type:

Citation Precept to Serve / Notice of Hearing/Notice to Show Cause

Temporary Restraining Order

Application for Protective Order / Temporary (Ex Parte) Protective Order

Notice of Registration of Foreign Judgment Citation by Posting

Writ of _____ Other _____

Citation by Publication*- Newspaper: _____

CHECK box if you would like the District Clerk's Office to make copies for your service. (\$1.00 per page per pleading for copies for service)

Section 3:

Title of Document/Pleading to be attached for service: _____

Note: You must furnish one copy of the document/pleading for each party served.

Section 4: PARTIES TO BE SERVED (Please type or print):

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: _____

Section 5

Check Service Type:

- | | |
|---|---|
| <input type="checkbox"/> No Service | <input type="checkbox"/> Secretary of State |
| <input type="checkbox"/> Sheriff | <input type="checkbox"/> Commissioner of Insurance |
| <input type="checkbox"/> Constable Pct. | <input type="checkbox"/> Out of County |
| <input type="checkbox"/> Out of State | <input type="checkbox"/> Private Process <input type="checkbox"/> Other |
| <input type="checkbox"/> Certified Mail | |

Section 6 (ONLY if Section 7 does not apply)

Attorney Name: _____

Address: _____

Street/P.O. Box

City

State

Zip

Attorney's Telephone No. _____ Attorney's Bar No. _____

Section 7 (ONLY if Section 6 does not apply)

Pro-Se Name: _____

Address: _____

City

State

Zip

Telephone No. _____

Section 8

Check Delivery Type:

- Hold for pick up Mail to Attorney Email to Attorney