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
☐Constable Mike Fulton Pct. 1
☐Constable Willie Howell Pct. 2
☐Constable Buck Stevens Pct. 3
☐Constable James Brawner Pct. 4

Certified Mail: ☐Restricted or ☐Non-Restricted
☐Return to Attorney by Mail: _____
_____
☐Email: _____
☐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 below 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:_____