FISHER COUNTY



CIVIL/ CRIMINAL PROCESS REQUEST FORM

CAUSE NUMBER:
PLEASE CHECK CURRENT COURT: □ 32 ND JUDICIAL DISTRICT COURT
□ 1 ST MULTI-COUNT COURT AT LAW
TYPE OF INSTRUMENT(S) TO BE ATTACHED:QUANTITY:
FILE DATE OF MOTION/ ORDER:
PERSON(S) TO BE SERVED:
1. NAME:ADDRESS:
TYPE OF SERVICE/ PROCESS TO BE ISSUED: *SERVICE BY (check one):
□FISHER CO. SHERIFF □ MAIL BACK TO ATTORNEY
□CERTIFIED MAIL □ATTORNEY PICK-UP
□e-SERVICE
CIVIL PROCESS SERVER-Authorized Person to pick it up: Phone:
Comments: Phone:
ATTORNEY (OR ATTORNEY'S AGENT) REQUESTING SERVICE: NAME: BAR NO MAILING ADDRESS:
CONTACT NUMBER(S): PH() FAX () EMAIL ADDRESS: