

JOYCE HUDMAN
County Clerk



Filed for Record
2/3/2026 2:25 PM
GINA FERGUSON, County Clerk
Brazoria County, Texas
CI69871
Cheryl Matt, Deputy

CI69871

Process Request – Please Type/Print All Information

Type of service: _____

Document to be attached: _____

*You must provide once copy of the instrument being served for each person
OR pay costs of copies for document (s) being attached.

Service by: (check one)

- | | |
|---|--|
| <input type="checkbox"/> BCSO Bo Stallman | <input type="checkbox"/> Clerk by Certified Mail |
| <input type="checkbox"/> Constable David Thacker Pct. 1 | <input type="checkbox"/> Publication to OCA Portal/Website |
| <input type="checkbox"/> Constable Willie Howell Pct. 2 | <input type="checkbox"/> Posting |
| <input type="checkbox"/> Constable Buck Stevens Pct. 3 | |
| <input type="checkbox"/> Constable James Brawner Pct. 4 | |
| <input type="checkbox"/> Publication (Name & Address of Newspaper): _____ | |
| <input type="checkbox"/> Return to Attorney by Mail or Email _____ | |
| <input type="checkbox"/> Private Process Server (Name) _____ | |

In order to expedite service, please provide as much information as possible by completed the blanks below.

***Use additional pages for multiple parties being served.**

Service Information

Name: _____ Descr: ☐ Male ☐ Female, Date of Birth ____/____/____
Race _____ Eyes _____ Hair _____
Tattoos, Scars, Facial Hair, Glasses, Etc.: _____

Physical address with County Road if applicable: _____

Other address person may be found: _____

Gate Access Code _____ Building Number _____

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

Cell/Home Phone: _____ Work: _____

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: _____