

JOYCE HUDMAN  
County Clerk



GINA FERGUSON  
Chief Deputy

Filed for Record  
2/2/2026 8:47 AM  
Joyce Hudman, County Clerk  
Brazoria County, Texas  
CI69859  
Asia Boyd, Deputy

CI69859

**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: \_\_\_\_\_