

JOYCE HUDMAN  
County Clerk

GINA FERGUSON  
Chief Deputy

CI69859



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

## 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: UZOMA OSUAGWU A/K/A UZOMA O OSUAGWU 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: \_\_\_\_\_