



ANGELIA ORR
HILL COUNTY DISTRICT CLERK
Telephone: 254-582-4042
Fax: 254-582-4035

APPLICATION FOR ISSUANCE

REQUESTED BY _____ **PHONE:** _____

ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

CAUSE#: _____ **CIVIL OR CRIMINAL:** _____

STYLE OF CASE (last name only): _____ **VS** _____

CHECK ISSUANCE REQUESTED: CITATION(S); _____; PRECEPT(S): _____ SUBPOENA(S): _____;
NOTICE(S): _____; TRO(S): _____; SUMMON(S): _____; WRIT(S) OF _____
OTHER: _____

CHECK SERVICE BY: SHERIFF: _____; CONSTABLE: _____; PRIVATE PROCESS SERVER: _____;
RETURN TO PERSON WHO REQUESTED: _____

CHECK TESTIFYING FOR: STATE/PLAINTIFF/PETITIONER: _____ **OR**
WITNESS/DEFENDANT/RESPONDENT: _____

DATE AND TIME TO APPEAR: _____

NAME AND ADDRESS TO BE SERVED:

1. _____
2. _____
3. _____
4. _____

IF DUCES TECUM BRING THE FOLLOWING : _____

