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APPLICATION FOR ISSUANCE

NAME: _____ PHONE: _____

ADDRESS: _____

SIGNATURE: X _____ DATE: _____

CAUSE#: _____ CIVIL CRIMINAL

STYLE OF CAUSE (LAST NAME ONLY):

_____ VS _____

CHECK ISSUANCE REQUESTED:	
<input type="checkbox"/> Citation	<input type="checkbox"/> Notice
<input type="checkbox"/> Precept	<input type="checkbox"/> TRO
<input type="checkbox"/> Subpoena	<input type="checkbox"/> Summons
<input type="checkbox"/> Abstract	
<input type="checkbox"/> Writ of _____	
<input type="checkbox"/> Other: _____	

CHECK TESTIFYING FOR:
<input type="checkbox"/> State/Plaintiff/Petitioner
OR
<input type="checkbox"/> Witness/Defender/Respondent:

CHECK SERVICE BY:	
<input type="checkbox"/> Sheriff	<input type="checkbox"/> Return to Attorney
<input type="checkbox"/> Process Server	<input type="checkbox"/> Other:
<input type="checkbox"/> Constable	_____

DATE AND TIME TO APPEAR:

NAME & ADDRESS TO BE SERVED:

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

BRING THE FOLLOWING (If Duces Tecum):

