



Lisa David
DISTRICT CLERK

P.O. Box 24, Georgetown, Texas 78627
512.943.1212 Fax 512.943.1222

ISSUANCE REQUEST FORM

Date requested: _____ Cause # _____

Style of
Case:

Name of person requesting issuance: _____

Issuance requested: ☐ CITATION ☐ CAPIAS ☐ WRIT
☐ PRECEPT ☐ BENCH WARRANT ☐ Other: _____

Document to include with issuance: _____

Agency to serve issuance: _____

Party to be served: _____

1st Address line: _____

2nd Address line: _____

City, State, Zip _____

Party to be served: _____

1st Address line: _____

2nd Address line: _____

City, State, Zip _____

Party to be served: _____

1st Address line: _____

2nd Address line: _____

City, State, Zip _____

Fees: \$8.00 per issuance, plus copy fees.

***** IF NOT PICKED UP WITHIN 14 BUSINESS DAYS, SERVICE WILL BE DESTROYED *****