

CASE NO. _____

DEFENDANT NAME: _____

**INSTRUCTIONS IF YOUR DEFENDANT IS
LOCATED OUTSIDE OF TARRANT COUNTY**

**IF YOU HAVE MULTIPLE DEFENDANTS, A COPY OF THIS FORM IS TO BE SUBMITTED FOR EACH DEFENDANT.*

IF THE DEFENDANT UPON WHOM YOU ARE FILING IS TO BE SERVED OUTSIDE OF TARRANT COUNTY, IT IS THE PLAINTIFF'S RESPONSIBILITY TO PROVIDE THE COURT THE FOLLOWING INFORMATION:

1. THE AGENCY NAME, COUNTY, AND THE PRECINCT NUMBER OF THE CONSTABLE, SHERIFF, OR OTHER AGENCY THAT WILL BE SERVING THE CITATION:

2. THE ADDRESS AND PHONE NUMBER OF THE CONSTABLE, SHERIFF, OR OTHER AGENCY TO SEND THE CITATION FOR SERVICE:

3. THE SERVICE FEE THAT THE ABOVE CONSTABLE, SHERIFF, OR OTHER AGENCY REQUIRES TO SERVE A SMALL CLAIMS CITATION OR DEBT CLAIMS CITATION. ***THIS PAYMENT MUST BE A MONEY ORDER OR CASHIERS CHECK AND MADE PAYABLE AS INSTRUCTED BY SAID AGENCY.***

Plaintiff's Signature: _____

Date Signed: _____