

Justice of the Peace, Pct. 5
350 W. Belknap St. Room 112-C
Fort Worth, TX 76196-0247
(817) 884-1438 Office (817) 884-3323 Fax

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 NAME 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: _____