JUDGE RALPH SWEARINGIN, JR **JUSTICE COURT- PRECINCT 1 100 WEST WEATHERFORD, ROOM 450** FORT WORTH, TEXAS 76196-0242 (817) 884-1395 - FAX (817) 850-2342

CASE NO._____ DEFENDANT NAME: _____

SERVICE FOR OUT OF COUNTY DEFENDANT(S)

** NOTE: A COPY OF THIS FORM IS REQUIRED FOR EACH OUT OF COUNTY DEFENDANT. **

IF THE CASE IS FILED WITH JUSTICE COURT 1 AND TO BE SERVED OUTSIDE OF TARRANT COUNTY, THE PLAINTIFF IS RESPONSIBLE TO PROVIDE THE COURT WITH 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. PAYMENT METHOD THEY ACCEPT AND TO WHOM IT SHOULD BE MADE PAYABLE TO AS INSTRUCTED BY SAID AGENCY.

CHECK #:	AMOUNT:	
PLAINTIFF'S SIGNATURE	DATE	
PLAINTIFF'S PRINT NAME	EMAIL ADDRESS	