

**CIVIL PROCESS REQUEST**

FOR EACH PARTY SERVED YOU MUST FURNISH ONE (1) COPY OF THE PLEADING  
FOR WRITS, FURNISH TWO (2) COPIES OF THE PLEADING PER PARTY TO BE SERVED.

REQUEST SERVICE TO BE ISSUED IN:

CAUSE NUMBER: \_\_\_\_\_ CURRENT COURT: **TH JUDICIAL DISTRICT**

INSTRUMENT TO BE SERVED: *Petition for confirmation of Non-Agreed child support review order*

FILE DATE OF MOTION: \_\_\_\_\_  
Month Day Year

**ISSUANCE SECTION**

SERVICE TO BE ISSUED ON (Please list exactly as the name appears in the pleading to be served):

1. NAME: *Sean Matthew Kiley*  
SERVICE ADDRESS: *County of San Juan, 305 S. Oliver Dr. Aztec NM 87410*  
AGENT (If applicable): \_\_\_\_\_  
TYPE OF SERVICE: CITATION *only*  
SERVICE BY (Check one):  
CONSTABLE \_\_\_\_\_ NON-RESIDENT \_\_\_\_\_ OUT OF COUNTY  *PCP*  
PUBLICATION \_\_\_\_\_ OTHER \_\_\_\_\_  
(Specify)

2. NAME: \_\_\_\_\_  
SERVICE ADDRESS: \_\_\_\_\_  
AGENT (If applicable): \_\_\_\_\_  
TYPE OF SERVICE: \_\_\_\_\_  
SERVICE BY (Check one):  
CONSTABLE \_\_\_\_\_ NON-RESIDENT \_\_\_\_\_ OUT OF COUNTY \_\_\_\_\_  
PUBLICATION \_\_\_\_\_ OTHER \_\_\_\_\_  
(Specify)

\*\*\*\*\*  
ATTORNEY (OR ATTORNEY'S AGENT) REQUESTING SERVICE:  
NAME: **TRACEY C MENDELOVITZ**  
TEXAS BAR NO. 24002596  
MAILING ADDRESS: **SOUTHEAST OFFICE 8866 GULF FREEWAY SUITE 200 HOUSTON TX 77017**  
S.P.N.: **99999954**



I, Chris Daniel, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.

Witness my official hand and seal of office this December 1, 2014

Certified Document Number: 60794213 Total Pages: 1

Chris Daniel, DISTRICT CLERK  
HARRIS COUNTY, TEXAS

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