

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS
100 NORTH KANSAS AVENUE
OLATHE, KANSAS 66061

Plaintiff

VS

Case No. _____
Division _____
Chapter _____,

Defendant

REQUEST AND SERVICE INSTRUCTION FORM

To: Clerk of the District Court

Please issue a _____
in this action for _____
(name)

whose address for service is: _____

Service is requested as indicated:

- ___ a. Service through the Sheriff of _____
County, State of _____. Returns may be faxed
to (913) 715-3401. 7 days a week - 24 hours a day.
- ___ b. Service by an authorized process server.
- ___ c. Certified mail service by the undersigned litigant or attorney, who understands
that it is their responsibility to obtain service and to make the return to the clerk.
The postal receipt for service must be filed with the Clerk's office to prove
service.
- ___ d. Certified mail service by the Sheriff of Johnson County Kansas. Sheriff of
Johnson County does not do out-of-state service by certified mail.

Signature: _____
ProSe: _____
Address: _____

Telephone No. _____
Fax No. _____