IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

| | Case No |
|---|---|
| | Division No. |
| Plaintiff | |
| VS. | |
| | |
| | |
| Defendant | |
| REQUEST AND SERV | ICE INSTRUCTION FORM |
| To: Clerk of the District Court | |
| Please issue a: | |
| | |
| | |
| in this action for: | |
| whose address for service is: | |
| whose dual ess for service is. | |
| | |
| Service is requested as indicated below: | |
| A. Service through the Sheriff of | |
| County, State of | . Returns may be faxed to a day. |
| (913) 715-3401 7 days a week – 24 hour a | a day. |
| B. Service by an authorized process server | • |
| understands that is their responsibility to | rvice by the undersigned litigant or attorney, who obtain service and to make the return to the clerk. be filed with the Clerk's office to prove service. |
| D. Certified mail service by the Sheriff of J does not do Out-of-state service by certif | ohnson County Kansas. Sheriff of Johnson County ied mail. |
| E. No Service required as Respondent will | complete a Voluntary Entry of Appearance. |
| | |
| Signature: | |
| ProSe: | |
| Address: | |
| | |
| Telephone NoEmail | |