

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS
SMALL CLAIMS DIVISION

Case No. _____
Division No. _____

Plaintiff

VS.

Defendant

REQUEST AND SERVICE INSTRUCTION FORM

To: Clerk of the District Court

Please issue a: _____

in this action for: _____

whose address for service is: _____

Service is requested as indicated below:

- A. Service through the Sheriff of _____
County, State of _____. Returns may be faxed to
(913) 715-3401 7 days a week – 24 hour a day.
- B. Service by an authorized process server.
- C. Certified mail with a Return Receipt service by the undersigned litigant or attorney, who
understands that is their responsibility to obtain service and to make the return to the clerk.
The postal “green card” 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: _____

Pro Se: _____

Address: _____

Telephone No. _____

Email: _____

ANSWER DATE: _____