





Cause No. \_\_\_\_\_

THE STATE OF TEXAS

§

IN THE DISTRICT COURT

v.

§

\_\_\_\_\_ COUNTY, TEXAS

\_\_\_\_\_

§

506TH JUDICIAL DISTRICT

**CERTIFICATE OF SERVICE**

I certify that a true copy of the above Application To Surrender Principal, accompanied by Affidavit of Surety To Surrender, was served on the following in accordance with the Texas Rules of Civil Procedure on \_\_\_\_\_, 20\_\_.

Criminal District Attorney	Principal	Attorney for Defendant/Principal

(fill in the areas as appropriate with name and address)

X \_\_\_\_\_

\_\_\_\_\_  
(Printed name of Applicant)

\_\_\_\_\_  
(!!! Mailing address and phone numbers !!!)

