

CAUSE NO. _____

_____	§	IN THE JUSTICE COURT
Plaintiff(s)	§	
	§	
VS.	§	TRAVIS COUNTY, TEXAS
	§	
_____	§	
Defendant(s)	§	PRECINCT TWO

REQUEST FOR ABSTRACT OF JUDGMENT

Judgment Date: _____

Judgment Amount Awarded: _____

Monies Received From Defendant (to date): _____

Last 4 Digits of Defendant's DL: _____

Last 4 Digits of Defendant's SSN: _____

Defendant's DOB: _____

I understand that it is my responsibility to file Abstract(s) and to remit the filing fee(s) to the county or counties of my choice.

_____	_____	_____
Plaintiff	Plaintiff's Agent	Date

Plaintiff's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____