

PETITION: DEBT CLAIM CASE

CASE NO. J2-CV-_____

Plaintiff(s): _____

VS

Defendant(s): _____

Address: _____

§ IN THE JUSTICE COURT

§ PRECINCT 2

§ TRAVIS COUNTY, TEXAS

If the defendant is a business entity:

Name of person to be served: _____

Role of person in the entity:

Sole Proprietor Registered Agent General Partner Corporate Officer Other: _____

To be served at: _____

COMPLAINT: The basis for the claim which entitles the plaintiff to seek relief against the defendant is: _____

RELIEF: Plaintiff seeks damages in the amount of \$_____.

SERVICE OF CITATION: Service is requested on defendants by personal service at home or work; registered mail; certified mail, return receipt requested; or by alternative service as allowed by the Texas Rules of Civil Procedure. Other addresses where the defendant(s) may be served are: _____.

ADDITIONAL INFORMATION (CASE BASED ON CREDIT CARD, REVOLVING ACCOUNT, OR OPEN ACCOUNT):

Account/Credit Card Name: _____ Account Number (may be masked): _____

Date of Issue/Origination: _____ Date of Charge-Off/Breach: _____ Amount Owed \$_____ as of _____

ADDITIONAL INFORMATION (CASE BASED ON PROMISSORY NOTE OR OTHER PROMISE TO PAY PERSONAL OR BUSINESS LOAN):

Date/Amount of Original Loan: _____, \$_____ Repayment Accelerated? ____ Date Final Payment Due: _____

Amount Due on Final Payment Date \$_____ Amount Due \$_____ as of _____

ONGOING INTEREST: Plaintiff does, or does not seek ongoing interest. If so, this interest is based on the following contractual/statutory reason: _____ and should be at ____%. \$_____ of interest was due as of _____.

ASSIGNMENT OF CLAIM: Plaintiff was, or was not assigned or otherwise transferred this claim. If so, the original claimant/creditor was _____, subsequent holders were _____, and the date the case was assigned/transferred to plaintiff was _____.

If you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address, please check this box, and provide your valid email address: _____.

Plaintiff's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

DATE OF BIRTH: _____

*LAST 3 NUMBERS OF DRIVER LICENSE: _____

*LAST 3 NUMBERS OF SOCIAL SECURITY: _____

*DEFENDANT'S PHONE NUMBER: _____

Address of Plaintiff or Plaintiff's Attorney

City State Zip

Phone Number Fax Number