

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

\_\_\_\_\_  
Plaintiff(s)

v.

\_\_\_\_\_  
Defendant(s)

§  
§  
§  
§  
§  
§

IN THE JUSTICE COURT

PRECINCT FOUR

TRAVIS COUNTY, TEXAS

**REQUEST FOR: (check the box which applies)**

- WRIT OF POSSESSION
- ABSTRACT
- WRIT OF EXECUTION

DATE REQUESTED: \_\_\_\_/\_\_\_\_/20\_\_\_\_

DATE OF JUDGMENT: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**INFORMATION FOR THE PERSON WHO THE JUDGMENT IS AGAINST:** \_\_\_\_\_

Name of Defendant(s)

■ IF REQUESTING **WRIT OF POSSESSION:**

PREMISES DESCRIBED AS AND LOCATED AT:

\_\_\_\_\_  
Address Apt/Ste. #

\_\_\_\_\_  
City State Zip Code

■ IF REQUESTING **ABSTRACT** OR **WRIT OF EXECUTION:**

\_\_\_\_\_  
Address Apt/Ste. #

\_\_\_\_\_  
City State Zip Code

LAST 3 NUMBERS OF DRIVER'S LICENSE: \_\_\_\_\_  
STATE (IF NOT TEXAS): \_\_\_\_\_

LAST 3 NUMBERS OF SOCIAL SECURITY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

AMOUNT OF CREDIT (IF ANY): \$ \_\_\_\_\_

**INFORMATION FOR THE PERSON REQUESTING THE REMEDY:**

\_\_\_\_\_  
Printed Name (this will be the contact person for Writ of Possession)

Bar Card Number \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone Number Alternative Number

(\_\_\_\_) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Address Apt/Ste. #

\_\_\_\_\_  
City State Zip Code