

PETITION: DEBT CLAIM CASE

CASE NO. J2-CV-

Plaintiff(s): § **IN THE JUSTICE COURT**
VS § **PRECINCT 2**
Defendant(s): § **TRAVIS COUNTY, TEXAS**

Address:

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):

Address of Plaintiff or Plaintiff's Attorney

DATE OF BIRTH:

*LAST 3 NUMBERS OF DRIVER LICENSE:

*LAST 3 NUMBERS OF SOCIAL SECURITY:

*DEFENDANT'S PHONE NUMBER:

City

State

Zip

Phone Number

Fax Number