

PETITION: DEBT CLAIM CASE

CASE NO. (court use only) _____

In the Justice Court, Precinct _____, _____ County, Texas

PLAINTIFF _____

VS.

DEFENDANT(S): _____

Defendant(s) contact info: _____

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 or by alternative service as allowed by the Texas Justice Court Rules of Court. 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: _____.

Petitioner's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

DATE OF BIRTH: _____

Address of Plaintiff's Attorney, if any, or Plaintiff if none

*LAST 3 NUMBERS OF DRIVER LICENSE: _____

*LAST 3 NUMBERS OF SOCIAL SECURITY: _____

City _____ State _____ Zip _____

DEFENDANT'S PHONE NUMBER: _____

Phone & Fax No. of Plaintiff's Attorney, if any, or Plaintiff if none

CAUSE NO. _____

_____	X	IN THE JUSTICE COURT
PLAINTIFF	X	PRECINCT _____
VS.	X	
_____	X	ECTOR COUNTY, TEXAS
DEFENDANT		

AFFIDAVIT OF KNOWLEDGE OF MILITARY STATUS

I, the above-named plaintiff, being duly sworn on oath, do depose and say that, to my knowledge:

_____ The above-named defendant is **NOT** on active military duty

(To check this line, you must provide a brief description below of how you arrived at this conclusion. For assistance in determining status, please visit <https://scra.dmdc.osd.mil>)

_____ The above-named defendant is on active military duty and has waived his or her rights under the Service Members Civil Relief Act of 2003. (Please provide a copy of the waiver to the Court).

_____ The above-named defendant's military status is unknown by me.

I, the above-named plaintiff, do hereby swear under penalty of perjury (as that term is defined and set forth by Title 18 of the United States Code), that the information contained in this affidavit is true and correct to the best of my knowledge.

PLAINTIFF

Subscribed and sworn to before me on this, the _____ day of _____, 20____.

Notary/Court Clerk