

CAUSE NO. _____

_____	§	IN THE JUSTICE COURT
PLAINTIFF	§	
	§	
v.	§	PRECINCT NO. 1
	§	
_____	§	
DEFENDANT	§	GUADALUPE COUNTY, TEXAS

PETITION: DEBT CLAIM CASE

Defendant(s) address: _____

COMPLAINT: The basis for the claim which entitles Plaintiff to seek relief against Defendant is: _____

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

SERVICE OF CITATION: Service is requested on Defendant(s) by: ☐ personal service at home or work, ☐ registered mail, ☐ certified mail, return receipt requested. If required, Plaintiff requests alternative service as allowed by the Texas Rules of Civil Procedure. Other addresses where 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 Owed: \$ _____ 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 _____

The date the debt was assigned/transferred to Plaintiff was _____

☐ I hereby request a jury trial. The fee is \$22 and must be paid at least 14 days before trial.

☐ I hereby consent for the answer and any other motions or pleadings to be sent to my email address as follows: _____

Plaintiff's Printed Name

Signature of Plaintiff
or Plaintiff's Attorney

Defendant's Information (if known):

Date of birth: _____

Last three digits of Driver License: _____

Last three digits of Soc. Sec. No.: _____

Phone No.: _____

Address of Plaintiff or Plaintiff's Attorney

City State Zip

Phone & Fax No. of Plaintiff
or Plaintiff's Attorney