



CAUSE NO. _____

PLAINTIFF

v.

DEFENDANT

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§
§

IN THE JUSTICE COURT

PRECINCT NO. _____

_____ 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: _____

JUDGE DIANA RINCHE-MCGINNIS
JUSTICE OF THE PEACE PCT 2
JP2@ARANSASCOUNTY.ORG



2840 HWY 35, ROCKPORT, TX 78382
PHONE (361)790-0131
FAX (361)790-5392

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



AFFIDAVIT

SEC. 201(b) Service Members Civil Relief Act

Plaintiff/Agent/Attorney, being duly sworn on oath under Penalty of Perjury (fine and/or up to one year in jail) deposes and says that _____, defendant(s),

(Check One):

- Is not subject to the Service Members Civil Relief Act of 2003 or a dependent of a service member.
- Is on active military duty and/or is subject to the Service Members Civil Relief Act of 2003.
- Defendant has waived his/her rights under the Service Members Civil Relief Act of 2003.
- Service Member status of defendant is unknown at this time.

 Plaintiff's Signature Agent's Signature Attorney's Signature

Printed Name

STATE OF TEXAS
COUNTY OF ARANSAS

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

 Clerk of the Court Notary Public