

PETITION: DEBT CLAIM CASE

CAUSE NO. _____

Plaintiff, _____
VS.
Defendant, _____

JUSTICE OF THE PEACE
PCT. 1 PLACE 1
NUECES COUNTY, TEXAS

DEFENDANT'S NAME: _____

ADDRESS/CITY/ZIP: _____

TELEPHONE: _____

AGENT FOR SERVICE: _____

If Corporation/Company.....Agent to be Served

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 Defendant(s) 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 email address: _____.

Plaintiff's or Plaintiff's Attorney Printed Name

Signature of Plaintiff or Plaintiff's Attorney

DEFENDANTS(S) INFORMATION (if known):

Address of Plaintiff or Plaintiff's Attorney

DATE OF BIRTH: _____

Phone No. Fax No.

*LAST 3 NUMBERS OF DRIVER LICENSE: _____

*LAST 3 NUMBERS OF SOCIAL SECURITY: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____.

SEAL

Clerk of the Justice Court or Notary Public
Nueces County, Texas