CAUSE NO. _____

_____	§	IN THE JUSTICE COURT
PLAINTIFF	§	
	§	
v.	§	PRECINCT NO. THREE
	§	
_____	§	
DEFENDANT	§	KERR COUNTY, TEXAS

PETITION: DEBT CLAIM CASE

Defendant(s) name: _____

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