

CAUSE NO. _____

PLAINTIFF

§ IN THE JUSTICE COURT

§

§

v.

§

§

§

DEFENDANT

§ CRANE 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