PETITION: DEBT CLAIM CASE

CASE NO. (court use only) _____ IN THE JUSTICE COURT, PCT. 1, GUADALUPE COUNTY, TEXAS

PLAINTIFF: _____

VS.

DEFENDANT(S) _____

Defendant(s) contact info: _____ _____ _____ _____

ADDRESS   CITY   STATE   ZIP

COMPLAINT: The basis for the claim which entitles the plaintiff ;seek relief against the defendant is:

RELIEF: Plaintiff seeks damages in the amount of $ _____

SERVICE OF CITATION: Service is requested on defendants 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 BASE] 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 _____ 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 _____ 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 valid email address:

_____   _____

Petitioner's Printed Name   Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

DATE OF BIRTH_____   Address of Plaintiffs or Attorney

LAST 3 NUMBERS OF DRIVER LICENSE _____

LAST 3 NUMBERS OF SOCIAL SECURITY_____   _____ _____ _____

                                             CITY   STATE   ZIP

DEFENDANT'S PHONE NUMBER _____   Phone of Plaintiff's Attorney/ Plaintiff _____

Sworn to and subscribed before me this _____ day of_____, 20_____

_____

CLERK OF THE JUSTICE COURT OR NOTARY

Military Status Affidavit

Case No. _____   §   In the Justice Court of

_____   § """Guadalupe County, Texas

Plaintiff   §

vs.   §

_____   §   Precinct _____, Place _____

Defendant   §

BEFORE ME, on this day personally appeared" _____,

who, under penalty of perjury, stated that the following facts are true:

I am the ☐ Plaintiff   ☐ attorney of record for the Plaintiff   in this proceeding.

☐   _____, Defendant, **is not** in military service.

☐   _____, Defendant, **is** in military service.

I know this. because _____

_____

_____ .

☐   I am unable to determine whether or not the Defendant is in military service.

Signed on _____   _____

                                                     Signature

                                                     Printed Name: _____

                                                     Address: _____

                                                     _____

                                                     Telephone: _____

                                                     Fax: _____

                                                     E-Mail Address:_____

SWORN TO AND SUBSCRIBED BEFORE ME on _____.

_____

NOTARY PUBLIC, State of Texas