

REQUEST FOR ABSTRACT OF JUDGMENT

Date: _____

Please process this request to have Judgment against the Defendant/Respondent abstracted. The information below is to be stated on the abstract.

CAUSE NUMBER: _____ JUDICIAL DISTRICT COURT

STYLE: _____
VS.

Creditor's last known address: _____

Debtor's last known address: _____

Debtor's Date of Birth: _____

Debtor's Social Security No: _____

Debtor's Driver's License Number: _____

Date of Judgment: _____

Amount of Judgment: _____

Judgment Credit, if any: _____

Number of Abstracts requested: _____

Requested by:

Law Firm: _____

Attorney: _____

Bar Number: _____

Address: _____

_____ City State Zip

Phone Number: _____

RETURN BY MAIL

HOLD FOR PICKUP

Please return this request along
with \$8 fee per abstract to:

Loren Jackson, District Clerk
P. O. Box 4651
201 Caroline, Suite 250
Houston, TX 77210