

CAUSE NO. _____

PLAINTIFF § IN THE JUSTICE COURT
§
§
v. § PRECINCT NO. 2
§
DEFENDANT § MATAGORDA COUNTY, TEXAS

PETITION: REPAIR AND REMEDY CASE

COMPLAINT: Plaintiff files this petition against the above-named Defendant pursuant to Rule 509 of the Texas Rules of Civil Procedure and Section 92.0563 of the Texas Property Code because there is a condition in Plaintiff's residential rental property that would materially affect the health or safety of an ordinary Plaintiff.

Information Regarding Residential Rental Property:

Street Address	Unit No. (if any)	City	County	State	Zip Code
----------------	-------------------	------	--------	-------	----------

Defendant's Contact Information (to the extent known):

Street Address	Unit No. (if any)	City	County	State	Zip Code	Phone No.
----------------	-------------------	------	--------	-------	----------	-----------

SERVICE OF CITATION: Plaintiff requests service of the citation on the Defendant, and if required, alternative service pursuant to Rule 509.4 of the Texas Rules of Civil Procedure. Plaintiff will check the box next to each statement that is true: Plaintiff received in writing Defendant's name and business street address. Plaintiff received in writing the name and business street address of Defendant's management company. The name of Defendant's management company is _____. To Plaintiff's knowledge, this is the management company's contact information:

Street Address	Unit No. (if any)	City	County	State	Zip Code	Phone No.
----------------	-------------------	------	--------	-------	----------	-----------

The name of Defendant's on-premises manager is _____. To Plaintiff's knowledge, this is the on-premises manager's contact information:

Street Address	Unit No. (if any)	City	County	State	Zip Code	Phone No.
----------------	-------------------	------	--------	-------	----------	-----------

The name of Defendant's rent collector serving the residential rental property is _____. To Plaintiff's knowledge, this is the rent collector's contact information:

Street Address	Unit No. (if any)	City	County	State	Zip Code	Phone No.
----------------	-------------------	------	--------	-------	----------	-----------

PROPERTY CONDITION: The property condition materially affecting the physical health or safety of an ordinary Plaintiff that Plaintiff seeks to have repaired or remedied is:

LEASE AND NOTICE: Plaintiff will check the box next to each statement that is true:

- The lease is oral. The lease is in writing. The lease requires the notice to repair and remedy a condition to be in writing. Plaintiff gave written notice to repair or remedy the condition on _____ . The written notice to repair or remedy the condition was sent by certified mail, return, receipt requested, or registered mail on _____ . Plaintiff gave oral notice to repair or remedy the condition on _____ . Name of person(s) to whom notice was given: _____ . Place where notice was given: _____ .

RENT: At the time Plaintiff gave notice to repair or remedy the condition, Plaintiff's rent was:

- current (no rent owed); not current but Plaintiff offered to pay the rent and Defendant did not accept it; or not current and Plaintiff did not offer to pay the rent owed.

Plaintiff's rent is due on the _____ day of the month week _____ (specify any other rent-payment period). Plaintiff's rent is \$_____ per month week _____ (specify any other rent-payment period). Plaintiff's rent: is not subsidized by the government is subsidized by the government as follows, if known: \$_____ paid by the government, and \$_____ paid by Plaintiff.

RELIEF REQUESTED: Plaintiff requests the following relief (check all that apply): a court order to repair or remedy the condition; a court order reducing Plaintiff's rent in the amount of \$ _____ to begin on _____; actual damages in the amount of \$ _____; a civil penalty of one month's rent plus \$500; attorney's fees; and court costs. Plaintiff states that the total relief requested does not exceed \$10,000, excluding interest and court costs but including attorney's fees.

- 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**

**Address of Plaintiff
or Plaintiff's Attorney**

Phone & Fax No. of Plaintiff
Or Plaintiff's Attorney